Aspen Federal Regulation Set: G 10.03 HOME HEALTH AGENCIES

FED - G0000 - INITIAL COMMENTS

Title INITIAL COMMENTS

CFR

Type Memo Tag

Regulation Definition | **Interpretive Guideline**

FED - G0100 - PATIENT RIGHTS

Title PATIENT RIGHTS

CFR 484.10

Type Condition

Regulation Definition | **Interpretive Guideline**

FED - G0101 - PATIENT RIGHTS

Title PATIENT RIGHTS

CFR 484.10

Type Standard

Regulation Definition	Interpretive Guideline
The patient has the right to be informed of his or her rights. The HHA must protect and promote the exercise of those rights.	The HHA has a responsibility to inform the patient of his or her rights. Patient rights should be explained to ALL patients admitted to the HHA. However, HHAs treat patients whose physical, mental, and emotional status varies widely. Overall, there should be evidence that the HHA has conscientiously tried, within the constraints of the individual situation, to inform the patient in writing, and orally (§484.10(e)), of his/her rights.

Aspen Federal Regulation Set: G 10.03 HOME HEALTH AGENCIES

If in a particular situation the HHA determines that the patient, despite the HHA's best efforts, is unable to understand these rights, a notation describing the circumstances should be placed in the patient's clinical record. The notation should be consistent with the patient's diagnosis, general state of physical
or mental health and/or other recorded clinical information, environmental information, or observations.

Question clear patterns of seemingly routine notations that patients could not understand their rights. During home visits, ask patients if the HHA informed them of their rights, and, if so, how. They should be able to give, in their own words, examples of how the rights apply to the HHA care being received and any concerns they have about financial implications of the items or services being received.

They should also be able to explain how to access information, services, and the HHA hotline. If the patient is vague in answering questions, ask for written information about his or her rights that the HHA may have given him or her as resource material. Reviewing the written statement with the patient during the home visit may help the patient remember the HHA's patient rights instructions.

FED - G0102 - NOTICE OF RIGHTS

Title NOTICE OF RIGHTS

CFR 484.10(a)(1)

Type Standard

Regulation Definition

The HHA must provide the patient with a written notice of the patient's rights in advance of furnishing care to the patient or during the initial evaluation visit before the initiation of treatment.

Interpretive Guideline

Look for notations in the stratified sample of clinical records selected for review that a statement of the patient's rights has been given to the patient by the HHA staff prior to care being initiated. This written notice must have been provided during admission, the patient's initial evaluation visit or the patient's first professional visit. The documentation maintained by an HHA to show that the patient was informed of the patient's rights might include a patient rights statement, signed and dated by the patient or some other documentation consistent with the HHA's policies and procedures. If a home visit is made, the verification could also include a conversation with the patient and any material on patient rights that the patient has received from the HHA. A notation in the clinical record might also include a statement regarding any limitations the patient had in being able to understand the information.

PROBE:
How do HHA employees, and staff used by the HHA under an arrangement or contract, implement HHA procedures for informing patients of their rights?

Aspen Federal Regulation Set: G 10.03 HOME HEALTH AGENCIES

FED - G0103 - NOTICE OF RIGHTS

Title NOTICE OF RIGHTS

CFR 484.10(a)(2)

Type Standard

Regulation Definition

The HHA must maintain documentation showing that it has complied with the requirements of this section.

Interpretive Guideline

Look for notations in the stratified sample of clinical records selected for review that a statement of the patient's rights has been given to the patient by the HHA staff prior to care being initiated. This written notice must have been provided during admission, the patient's initial evaluation visit or the patient's first professional visit. The documentation maintained by an HHA to show that the patient was informed of the patient's rights might include a patient rights statement, signed and dated by the patient or some other documentation consistent with the HHA's policies and procedures. If a home visit is made, the verification could also include a conversation with the patient and any material on patient rights that the patient has received from the HHA. A notation in the clinical record might also include a statement regarding any limitations the patient had in being able to understand the information.

PROBE:
How do HHA employees, and staff used by the HHA under an arrangement or contract, implement HHA procedures for informing patients of their rights?

FED - G0104 - EXERCISE OF RIGHTS AND RESPECT FOR PROP

Title EXERCISE OF RIGHTS AND RESPECT FOR PROP

CFR 484.10(b)(1)&(2)

Type Standard

Regulation Definition

The patient has the right to exercise his or her rights as a patient of the HHA. The patient's family or guardian may exercise the patient's rights when the patient has been judged incompetent.

Interpretive Guideline

Aspen Federal Regulation Set: G 10.03 HOME HEALTH AGENCIES

FED - G0105 - EXERCISE OF RIGHTS AND RESPECT FOR PROP

Title EXERCISE OF RIGHTS AND RESPECT FOR PROP

CFR 484.10(b)(3)

Type Standard

Regulation Definition	Interpretive Guideline
The patient has the right to have his or her property treated with respect.	

FED - G0106 - EXERCISE OF RIGHTS AND RESPECT FOR PROP

Title EXERCISE OF RIGHTS AND RESPECT FOR PROP

CFR 484.10(b)(4)

Type Standard

Regulation Definition	Interpretive Guideline
The patient has the right to voice grievances regarding treatment or care that is (or fails to be) furnished, or regarding the lack of respect for property by anyone who is furnishing services on behalf of the HHA and must not be subjected to discrimination or reprisal for doing so.	During home visits, ask the patient, the patients's family or guardian if they have any comments or concerns, or have registered any grievances or complaints about the HHA or its services. Also, note any patient-described problems recorded in the clinical records during your stratified sample clinical record review. Review the agency's compliance with its statedprocedures for grievance/complaint investigations and resolution. If resolution of the problem was not possible, the actions that were attempted and the outcomes should be documented by the HHA. PROBES: 1- How does the HHA receive, record, investigate, and resolve patient grievances and complaints? 2- Who in the HHA is ultimately accountable for receiving and resolving any patient concerns or problems that cannot be resolved at the staff level? 3- During home visits, ask patients how they would express a grievance or problem should one occur. If one had already occurred, ask how it was handled and what were the results or outcomes.

Aspen Federal Regulation Set: G 10.03 HOME HEALTH AGENCIES

FED - G0107 - EXERCISE OF RIGHTS AND RESPECT FOR PROP

Title EXERCISE OF RIGHTS AND RESPECT FOR PROP

CFR 484.10(b)(5)

Type Standard

Regulation Definition

The HHA must investigate complaints made by a patient or the patient's family or guardian regarding treatment or care that is (or fails to be) furnished, or regarding the lack of respect for the patient's property by anyone furnishing services on behalf of the HHA, and must document both the existence of the complaint and the resolution of the complaint.

Interpretive Guideline

During home visits, ask the patient, the patients's family or guardian if they have any comments or concerns, or have registered any grievances or complaints about the HHA or its services. Also, note any patient-described problems recorded in the clinical records during your stratified sample clinical record review. Review the agency's compliance with its stated procedures for grievance/complaint investigations and resolution. If resolution of the problem was not possible, the actions that were attempted and the outcomes should be documented by the HHA.

PROBES:
1- How does the HHA receive, record, investigate, and resolve patient grievances and complaints?

2- Who in the HHA is ultimately accountable for receiving and resolving any patient concerns or problems that cannot be resolved at the staff level?

3- During home visits, ask patients how they would express a grievance or problem should one occur. If one had already occurred, ask how it was handled and what were the results or outcomes.

FED - G0108 - RIGHT TO BE INFORMED AND PARTICIPATE

Title RIGHT TO BE INFORMED AND PARTICIPATE

CFR 484.10(c)(1)

Type Standard

Regulation Definition

The patient has the right to be informed, in advance about the care to be furnished, and of any changes in the care to be furnished.

Interpretive Guideline

During home visits, discuss the services that the patient is receiving specific to the medical plan of care. Determine if the patient response shows that the HHA has offered specific instructions in areas mentioned in the standard. For example, if the patient is recovering from a fractured hip and has been receiving physical therapy services for several weeks, ask the patient to show or explain to you what exercises he or she has been doing, how often they are to be

Aspen Federal Regulation Set: G 10.03 HOME HEALTH AGENCIES

The HHA must advise the patient in advance of the disciplines that will furnish care, and the frequency of visits proposed to be furnished.

The HHA must advise the patient in advance of any change in the plan of care before the change is made.

done and what results are anticipated. Also, ask how often the physical therapist comes, when the therapist is expected next, and how plans for therapy have changed as the condition has changed. If the patient responds that he/she has written instructions telling him or her what to do, request to see them.

Ask the patient how he or she participated in developing the plan of care to be furnished by the HHA and when he/she was told about changes in the plan of care. The HHA may discuss changes with the patient by telephone prior to the HHA visit or at the time of the visit, but the patient should feel that he or she has time to consider the implications of the change(s) and concur or object to them prior to implementation.

Advance directives generally refer to written statements, completed in advance of a serious illness, about how an individual wants medical decisions made. The two most common forms of advance directives are a living will and a durable medical power of attorney for health care.

Section 1866(a)(1)(Q), as implemented by 42 CFR 484.10(c)(2)(ii), requires HHAs to maintain written policies and procedures regarding advance directives. The specific requirements HHAs must meet with respect to advance directives are set forth at 42 CFR 489, Subpart I. Under these provisions, the HHA must:

1) provide all adult individuals with written information about their rights under State law to:
(a) make decisions about their medical care;
(b) accept or refuse medical or surgical treatment; and
(c) formulate, at the individual's option, an advanced directive;

2) inform patients about the HHA's written policies on implementing advance directives;

3) document in the patient's medical record whether he or she has executed an advanced directive;

4) not condition the provision of care or otherwise discriminate against an individual based on whether he or she has executed an advanced directive;

5) ensure compliance with the related State requirements on advanced directives; and

6) provide staff and community education on issues concerning advanced directives.

This information must be furnished in advance of the individual coming under the care of the HHA and may be provided during admission, the patient's initial evaluation, or the patient's first professional visit.

Aspen Federal Regulation Set: G 10.03 HOME HEALTH AGENCIES

PROBES:
1- What documentation in the clinical records indicates that the HHA advised the patient, in advance, of his or her right to participate in planning the care or treatment to be provided? What documentation indicates that the HHA informed the patient about the types of services to be provided, the disciplines involved, the frequency of the services and the anticipated outcomes?

2- How does the HHA inform the patient about changes in the plan of care and solicit the patient's participation in that care prior to the change being implemented?

3- During home visits, ask the patients how they would seek advice or care from their physician, the HHA or its representatives if problems, concerns, or emergencies which are part of the medical problems for which they are being treated by the HHA occur.

4- How do HHA employees implement advanced directives requirements?

FED - G0109 - RIGHT TO BE INFORMED AND PARTICIPATE

Title RIGHT TO BE INFORMED AND PARTICIPATE

CFR 484.10(c)(2)

Type Standard

Regulation Definition

The patient has the right to participate in the planning of the care.

The HHA must advise the patient in advance of the right to participate in planning the care or treatment and in planning changes in the care or treatment.

Interpretive Guideline

During home visits, discuss the services that the patient is receiving specific to the medical plan of care. Determine if the patient response shows that the HHA has offered specific instructions in areas mentioned in the standard. For example, if the patient is recovering from a fractured hip and has been receiving physical therapy services for several weeks, ask the patient to show or explain to you what exercises he or she has been doing, how often they are to be done and what results are anticipated. Also, ask how often the physical therapist comes, when the therapist is expected next, and how plans for therapy have changed as the condition has changed. If the patient responds that he/she has written instructions telling him or her what to do, request to see them.

Ask the patient how he or she participated in developing the plan of care to be furnished by the HHA and when he/she was told about changes in the plan of care. The HHA may discuss changes with the patient by telephone prior to the HHA visit or at the time of the visit, but the patient should feel that he or she has time to consider the implications of the change(s) and concur or object to them prior to implementation.

Aspen Federal Regulation Set: G 10.03 HOME HEALTH AGENCIES

Advance directives generally refer to written statements, completed in advance of a serious illness, about how an individual wants medical decisions made. The two most common forms of advance directives are a living will and a durable medical power of attorney for health care.

Section 1866(a)(1)(Q), as implemented by 42 CFR 484.10(c)(2)(ii), requires HHAs to maintain written policies and procedures regarding advance directives. The specific requirements HHAs must meet with respect to advance directives are set forth at 42 CFR 489, Subpart I. Under these provisions, the HHA must:

1) provide all adult individuals with written information about their rights under State law to:
   (a) make decisions about their medical care;
   (b) accept or refuse medical or surgical treatment; and
   (c) formulate, at the individual's option an advance directive;
2) inform patients about the HHA's written policies on implementing advance directives;
3) document in the patient's medical record whether he or she has executed an advance directive;
4) not condition the provision of care or otherwise discriminate against an individual based on whether he or she has executed an advance directive;
5) ensure compliance with the related State requirements on advance directives; and
6) provide staff and community education on issues concerning advance directives.

This information must be furnished in advance of the individual coming under the care of the HHA and may be provided during admission, the patient's initial evaluation, or the patient's first professional visit.

PROBES:

1- What documentation in the clinical records indicates that the HHA advised the patient, in advance, of his or her right to participate in planning the care or treatment to be provided? What documentation indicates that the HHA informed the patient about the types of services to be provided, the disciplines involved, the frequency of the services and the anticipatedoutcomes?

2- How does the HHA inform the patient about changes in the plan of care and solicit the patient's participation in that care prior to the change being implemented?

3- During home visits, ask the patients how they would seek advice or care from their physician, the HHA or its representatives if problems, concerns, or emergencies which are part of the medical problems for which they are being treated by the HHA occur.

4- How do HHA employees implement advance directives requirements?

Aspen Federal Regulation Set: G 10.03 HOME HEALTH AGENCIES

FED - G0110 - RIGHT TO BE INFORMED AND PARTICIPATE

Title RIGHT TO BE INFORMED AND PARTICIPATE

CFR 484.10(c)(2)(ii)

Type Standard

Regulation Definition

The HHA complies with the requirements of Subpart I of part 489 of this chapter relating to maintaining written policies and procedures regarding advance directives.

The HHA must inform and distribute written information to the patient, in advance, concerning its policies on advance directives, including a description of applicable State law. The HHA may furnish advance directives information to a patient at the time of the first home visit, as long as the information is furnished before care is provided.

Interpretive Guideline

During home visits, discuss the services that the patient is receiving specific to the medical plan of care. Determine if the patient response shows that the HHA has offered specific instructions in areas mentioned in the standard. For example, if the patient is recovering from a fractured hip and has been receiving physical therapy services for several weeks, ask the patient to show or explain to you what exercises he or she has been doing, how often they are to be done and what results are anticipated. Also, ask how often the physical therapist comes, when the therapist is expected next, and how plans for therapy have changed as the condition has changed. If the patient responds that he/she has written instructions telling him or her what to do, request to see them.

Ask the patient how he or she participated in developing the plan of care to be furnished by the HHA and when he/she was told about changes in the plan of care. The HHA may discuss changes with the patient by telephone prior to the HHA visit or at the time of the visit, but the patient should feel that he or she has time to consider the implications of the change(s) and concur or object to them prior to implementation.

Advance directives generally refer to written statements, completed in advance of a serious illness, about how an individual wants medical decisions made. The two most common forms of advance directives are a living will and a durable medical power of attorney for health care.

Section 1866(a)(1)(Q), as implemented by 42 CFR 484.10(c)(2)(ii), requires HHAs to maintain written policies and procedures regarding advance directives. The specific requirements HHAs must meet with respect to advance directives are set forth at 42 CFR 489, Subpart I. Under these provisions, the HHA must:

1) provide all adult individuals with written information about their rights under State law to:
   (a) make decisions about their medical care;
   (b) accept or refuse medical or surgical treatment; and
   (c) formulate, at the individual's option an advance directive;
2) inform patients about the HHA's written policies on implementing advance directives;
3) document in the patient's medical record whether he or she has executed an advance directive;
4) not condition the provision of care or otherwise discriminate against an individual based on whether he or she has executed an advance directive;

Aspen Federal Regulation Set: G 10.03 HOME HEALTH AGENCIES

5) ensure compliance with the related State requirements on advance directives; and
6) provide staff and community education on issues concerning advance directives.

This information must be furnished in advance of the individual coming under the care of the HHA and may be provided during admission, the patient's initial evaluation, or the patient's first professional visit.

PROBES:
1- What documentation in the clinical records indicates that the HHA advised the patient, in advance, of his or her right to participate in planning the care or treatment to be provided? What documentation indicates that the HHA informed the patient about the types of services to be provided, the disciplines involved, the frequency of the services and the anticipated outcomes?

2- How does the HHA inform the patient about changes in the plan of care and solicit the patient's participation in that care prior to the change being implemented?

3- During home visits, ask the patients how they would seek advice or care from their physician, the HHA or its representatives if problems, concerns, or emergencies which are part of the medical problems for which they are being treated by the HHA occur.

4- How do HHA employees implement advance directives requirements?

FED - G0111 - CONFIDENTIALITY OF MEDICAL RECORDS

Title CONFIDENTIALITY OF MEDICAL RECORDS

CFR 484.10(d)

Type Standard

Regulation Definition

The patient has the right to confidentiality of the clinical records maintained by the HHA.

Interpretive Guideline

PROBES:
1- How does the HHA ensure the confidentiality of the patient's clinical record?

2- If the HHA leaves a portion of the clinical record in the home (such as in some high-technology situations when frequent clinical entries are important), how does the HHA instruct the patient or caretaker about protecting the confidentiality of the record?

3- What documentation in the clinical record indicates that the HHA informed the patient of the HHA's policies and

Aspen Federal Regulation Set: G 10.03 HOME HEALTH AGENCIES

procedures concerning clinical record disclosure?

FED - G0112 - CONFIDENTIALITY OF MEDICAL RECORDS

Title CONFIDENTIALITY OF MEDICAL RECORDS

CFR 484.10(d)

Type Standard

Regulation Definition	Interpretive Guideline
The HHA must advise the patient of the agency's policies and procedures regarding disclosure of clinical records.	PROBES: 1- How does the HHA ensure the confidentiality of the patient's clinical record? 2- If the HHA leaves a portion of the clinical record in the home (such as in some high-technology situations when frequent clinical entries are important), how does the HHA instruct the patient or caretaker about protecting the confidentiality of the record? 3- What documentation in the clinical record indicates that the HHA informed the patient of the HHA's policies and procedures concerning clinical record disclosure?

FED - G0113 - PATIENT LIABILITY FOR PAYMENT

Title PATIENT LIABILITY FOR PAYMENT

CFR 484.10(e)(1)

Type Standard

Regulation Definition	Interpretive Guideline
The patient has the right to be advised, before care is initiated, of the extent to which payment for the HHA services may be expected from Medicare or other sources, and the extent to which payment may be required from the patient.	During home visits, ask the patient whether the HHA has notified him or her of covered and noncovered services. Also, discuss whether the HHA has described any services for which the patient might have to pay and how payment sources might change (or have changed) during the course of care. Changes in any prior payment information given to the patient should have been given to the patient, orally and in writing, no later than 30 calendar days from the date the HHA became aware of the change. Again, consider the patient's ability to understand and retain payment information. The subject of payment for home care services is often complex and confusing, particularly early in the course of treatment when the patient's illness or limitations appears to be the more pressing problem.

Aspen Federal Regulation Set: G 10.03 HOME HEALTH AGENCIES

Look for a written statement in the home that might serve as a resource or reminder to the patient about the information the HHA has presented. Also, note whether there are subsequent written statements about payments for items or services of which the HHA has become aware.

In your evaluation of compliance with this standard, consider whether the HHA is making a reasonable attempt to help the patient understand how the charges for HHA services will be covered or not covered over the course of treatment. Based on the information provided by the HHA, do you believe that the patient has a reasonable understanding of how payment for home care services will likely occur and can make reasonable, informed decisions about financial matters related to the HHA's care and treatment of him or her.

Do NOT try to explain to or advise the patient about financial, coverage, or payment issues.

PROBES:
1. What process is followed by the HHA to inform the patient of home care charges and probable payment sources, patient's payment liability (if any), and of changes in payment sources and patient liabilities?

2. What documentation in the clinical record indicates that the HHA informed the patient of Federally-funded or aided covered and noncovered services?

FED - G0114 - PATIENT LIABILITY FOR PAYMENT

Title PATIENT LIABILITY FOR PAYMENT

CFR 484.10(e)(1(i-iii)

Type Standard

Regulation Definition

Before the care is initiated, the HHA must inform the patient, orally and in writing, of:
(i) The extent to which payment may be expected from Medicare, Medicaid, or any other Federally funded or aided program known to the HHA;
(ii) The charges for services that will not be covered by Medicare; and
(iii) The charges that the individual may have to pay.

Interpretive Guideline

During home visits, ask the patient whether the HHA has notified him or her of covered and noncovered services. Also, discuss whether the HHA has described any services for which the patient might have to pay and how payment sources might change (or have changed) during the course of care. Changes in any prior payment information given to the patient should have been given to the patient, orally and in writing, no later than 30 calendar days from the date the HHA became aware of the change. Again, consider the patient's ability to understand and retain payment information. The subject of payment for home care services is often complex and confusing, particularly early in the course of treatment when the patient's illness or limitations appears to be the more pressing problem.

Look for a written statement in the home that might serve as a resource or reminder to the patient about the information the HHA has presented. Also, note whether there are subsequent written statements about payments for

Aspen Federal Regulation Set: G 10.03 HOME HEALTH AGENCIES

items or services of which the HHA has become aware.

In your evaluation of compliance with this standard, consider whether the HHA is making a reasonable attempt to help the patient understand how the charges for HHA services will be covered or not covered over the course of treatment. Based on the information provided by the HHA, do you believe that the patient has a reasonable understanding of how payment for home care services will likely occur and can make reasonable, informed decisions about financial matters related to the HHA's care and treatment of him or her.

Do NOT try to explain to or advise the patient about financial, coverage, or payment issues.

PROBES:
1. What process is followed by the HHA to inform the patient of home care charges and probable payment sources, patient's payment liability (if any), and of changes in payment sources and patient liabilities?

2. What documentation in the clinical record indicates that the HHA informed the patient of Federally-funded or aided covered and noncovered services?

FED - G0115 - PATIENT LIABILITY FOR PAYMENT

Title PATIENT LIABILITY FOR PAYMENT

CFR 484.10(e)(2)

Type Standard

Regulation Definition

The patient has the right to be advised orally and in writing of any changes in the information provided in accordance with paragraph (e)(1) of this section when they occur. The HHA must advise the patient of these changes orally and in writing as soon as possible, but no later than 30 calendar days from the date that the HHA becomes aware of a change.

Interpretive Guideline

During home visits, ask the patient whether the HHA has notified him or her of covered and noncovered services. Also, discuss whether the HHA has described any services for which the patient might have to pay and how payment sources might change (or have changed) during the course of care. Changes in any prior payment information given to the patient should have been given to the patient, orally and in writing, no later than 30 calendar days from the date the HHA became aware of the change. Again, consider the patient's ability to understand and retain payment information. The subject of payment for home care services is often complex and confusing, particularly early in the course of treatment when the patient's illness or limitations appears to be the more pressing problem.

Look for a written statement in the home that might serve as a resource or reminder to the patient about the information the HHA has presented. Also, note whether there are subsequent written statements about payments for items or services of which the HHA has become aware.

Aspen Federal Regulation Set: G 10.03 HOME HEALTH AGENCIES

In your evaluation of compliance with this standard, consider whether the HHA is making a reasonable attempt to help the patient understand how the charges for HHA services will be covered or not covered over the course of treatment. Based on the information provided by the HHA, do you believe that the patient has a reasonable understanding of how payment for home care services will likely occur and can make reasonable, informed decisions about financial matters related to the HHA's care and treatment of him or her.

Do NOT try to explain to or advise the patient about financial, coverage, or payment issues.

PROBES:
1. What process is followed by the HHA to inform the patient of home care charges and probable payment sources, patient's payment liability (if any), and of changes in payment sources and patient liabilities?

2. What documentation in the clinical record indicates that the HHA informed the patient of Federally-funded or aided covered and noncovered services?

FED - G0116 - HOME HEALTH HOTLINE

Title HOME HEALTH HOTLINE

CFR 484.10(f)

Type Standard

Regulation Definition

The patient has the right to be advised of the availability of the toll-free HHA hotline in the State.

When the agency accepts the patient for treatment or care, the HHA must advise the patient in writing of the telephone number of the home health hotline established by the State, the hours of its operation, and that the purpose of the hotline is to receive complaints or questions about local HHAs. The patient also has the right to use this hotline to lodge complaints concerning the implementation of the advanced directives requirements.

Interpretive Guideline

During home visits, ask the patient for the number of the HHA State hotline, when she/he would use it, and what she/he would expect as a result of its use. If the patient has difficulty answering questions about the hotline, ask the patient for a copy of the written information that the HHA has provided.

Federal facilities are not required to participate in the HHA State hotline.

Aspen Federal Regulation Set: G 10.03 HOME HEALTH AGENCIES

FED - G0117 - COMPLIANCE W/ FED, STATE, LOCAL LAWS

Title COMPLIANCE W/ FED, STATE, LOCAL LAWS

CFR 484.12

Type Condition

Regulation Definition

Interpretive Guideline

FED - G0118 - COMPLIANCE WITH FED, STATE, LOCAL LAWS

Title COMPLIANCE WITH FED, STATE, LOCAL LAWS

CFR 484.12(a)

Type Standard

Regulation Definition

The HHA and its staff must operate and furnish services in compliance with all applicable Federal, State, and local laws and regulations. If State or applicable local law provides for the licensure of HHAs, an agency not subject to licensure is approved by the licensing authority as meeting the standards established for licensure.

Interpretive Guideline

Failure of the HHA to meet a Federal, State or local law may only be cited under the following circumstances:
1. When the Federal, State or local authority having jurisdiction has both made a determination of non-compliance and has taken a final adverse action as a result; or
2. When the language of the Federal regulation requires compliance with explicit Federal, State or local laws and codes as a criterion for compliance.

If State law provides for the licensure of HHAs, request to see a copy of the current license.
Publicly-operated HHAs, such as public health agencies, or HHAs based in a public hospital, are examples of agencies that a State may exempt from State licensure.

Notify the RO if you suspect that you have observed non-compliance with an applicable Federal law related to the provider's HHA program. The RO will notify the appropriate Federal agency of your observations.

PROBE:
How does the HHA ensure that all professional employees and personnel used under arrangement and by contract have current licenses and/or registrations if they are required?

Aspen Federal Regulation Set: G 10.03 HOME HEALTH AGENCIES

FED - G0119 - DISCLOSURE OF OWNERSHIP

Title DISCLOSURE OF OWNERSHIP

CFR 484.12(b)

Type Standard

Regulation Definition	Interpretive Guideline
The HHA must comply with the requirements of Part 420, Subpart C of this chapter.	Review the CMS-1513 carefully for completeness and compliance with this standard. Information required to be disclosed in this standard, but not required on the CMS-1513, such as whether any person with an ownership interest in an HHA is related to another such individual, should be disclosed to the State survey agency by the HHA in writing and attached to the CMS-1513. A "managing employee" is a general manager, business manager, administrator, director or other individual who exercises operational or managerial control over, or who directly or indirectly conducts the day-to-day operations of the HHA. The HHA administrator (§484.14(b)) and the supervisory physician or supervisory registered nurse (§484.14(d)) would meet the definition of a managing employee. PROBES: 1- Is the information on the CMS-1513, and in the disclosure letter previously submitted to the State, consistent with information you find in the agency's organizational structure (i.e., organizational charts and lines of authority, management contracts, bylaws, minutes of board meetings)? 2- How does the HHA implement its policy or procedure for reporting changes in ownership and management information to the State?

FED - G0120 - DISCLOSURE OF OWNERSHIP & MANAGEMENT

Title DISCLOSURE OF OWNERSHIP & MANAGEMENT

CFR 484.12(b)

Type Standard

Regulation Definition	Interpretive Guideline
The HHA also must disclose the following information to the	Review the CMS-1513 carefully for completeness and compliance with this standard. Information required to be

Aspen Federal Regulation Set: G 10.03 HOME HEALTH AGENCIES

State survey agency at the time of the HHA's initial request for certification, for each survey, and at the time of any change in ownership or management:

(1) The name and address of all persons with an ownership or control interest in the HHA as defined in §§420.201,420.202, and 420.206 of this chapter.

(2) The name and address of each person who is an officer, a director, an agent or a managing employee of the HHA as defined in §§420.201, 420.202, and 420.206 of this chapter.

(3) The name and address of the corporation, association, or other company that is responsible for the management of the HHA, and the name and address of the chief executive officer and the chairman of the board of directors of that corporation, association, or other company responsible for the management of the HHA.

disclosed in this standard, but not required on the CMS-1513, such as whether any person with an ownership interest in an HHA is related to another such individual, should be disclosed to the State survey agency by the HHA in writing and attached to the CMS-1513.

A "mnaging employee" is a general manager, business manager, administrator, director or other individual who exercises operational or managerial control over, or who directly or indirectly conducts the day-to-day operations of the HHA. The HHA administrator (§484.14(b)) and the supervisory physician or supervisory registered nurse (§484.14(d)) would meet the definition of a managing employee.

PROBES:
1- Is the information on the CMS-1513, and in the disclosure letter previously submitted to the State, consistent with information you find in the agency's organizational structure (i.e., organizational charts and lines of authority, management contracts, bylaws, minutes of board meetings)?

2- How does the HHA implement its policy or procedure for reporting changes in ownership and management information to the State?

FED - G0121 - COMPLIANCE W/ ACCEPTED PROFESSIONAL STD

Title COMPLIANCE W/ ACCEPTED PROFESSIONAL STD
CFR 484.12(c)

Type Standard

Regulation Definition

The HHA and its staff must comply with accepted professional standards and principles that apply to professionals furnishing services in an HHA.

Interpretive Guideline

The accepted professional standards and principles that the HHA and its staff must comply with include, but are not limited to, the HHA Federal regulations, State practice acts, commonly accepted health standards established by national organizations, boards, and councils (i.e., the American Nurses' Association standards) and the HHA's own policies and procedures.

An HHA may be surveyed for compliance with State practice acts for each relevant discipline. Any deficiency cited as a violation of a State practice act must reference the applicable section of the State practice act which is allegedly violated and a copy of that section of the act must be provided to the HHA along with the statement of deficiencies.

Any deficiency cited as a violation of accepted standards and principles must have a copy of the applicable standard

Aspen Federal Regulation Set: G 10.03 HOME HEALTH AGENCIES

provided to the HHA along with the statement of deficiencies.

If an HHA has developed professional practice standards and principles for its program staff, there should be information available which demonstrates that the HHA monitors its staff for compliance and takes corrective action as needed.

PROBES:
1- How does the HHA monitor its employees and personnel serving the HHA under arrangement or contract to ensure that services provided to patients are within acceptable professional practice standards for each discipline?

2- How does the HHA monitor the professional skills of its staff to determine if skills are appropriate for the care required by the patients the HHA admits?

FED - G0122 - ORGANIZATION, SERVICES & ADMINISTRATION

Title ORGANIZATION, SERVICES & ADMINISTRATION
CFR 484.14

Type Condition

Regulation Definition

Interpretive Guideline

FED - G0123 - ORGANIZATION, SERVICES & ADMINISTRATION

Title ORGANIZATION, SERVICES & ADMINISTRATION
CFR 484.14

Type Standard

Regulation Definition

Organization, services furnished, administrative control, and lines of authority for the delegation of responsibility down to the patient care level are clearly set forth in writing and are readily identifiable.

Interpretive Guideline

The HHA's policies and procedures, disclosure information required for §484.12, or other forms of documentation (e.g., organizational charts) should be used to determine compliance with this condition.

A local (city or county) health department may specify that the entire department or subdivision of the department is the HHA. If the entire department is identified as the HHA, the organizational structure, as documented, should

Aspen Federal Regulation Set: G 10.03 HOME HEALTH AGENCIES

specify:
o Where primary supervisory responsibility rests;
o How various divisions and bureaus are involved;
o Who has responsibility for the division or the bureau; and
o Where the focal point is for HHA relationships with the State agency and intermediary.

Similarly, a hospital-based HHA that reports through the hospital's organizational structure to several administrators and/or departments should specify the same points previously mentioned. (Refer to §2186 of the SOM.)

The same points of clarification would be necessary for any HHA which has entered into agreements, contracts or mergers with one or more corporate entities.

Regardless of the formal organizational structure, the overall responsibility for all services provided, whether directly, through arrangements or contracts, rests with the HHA that has assumed responsibility for admitting patients and implementing plans of care.

Examples:
o An HHA may, in arranging or contracting for a service such as physical therapy, require the other party to do the day-by-day professional evaluation of the therapy service. However, the HHA may not delegate its overall administrative and supervisory responsibilities. The contract should specify how HHA supervision will occur.

o An HHA may not use a full-time employee of another legal entity to fulfill its supervisory or administrative functions concurrently. For example: A freestanding HHA locates at a hospital and names a full-time hospital employee as the HHA supervisor. The HHA does not pay the nursing supervisor a salary for the HHA-related services. Because the hospital continues the nursing supervisor in its employ, this arrangement clearly delegates HHA supervisory functions to another legal entity, i.e., the hospital. The HHA would not meet the supervisory requirement of §484.12.

Use §2182, Certification Process, State Operations Manual, to help make determinations regarding branches and/or subunits. Remember that these determinations must be made on a case-by-case basis using the definitions contained in §484.2 and the additional criteria described in §2182. Request
information that helps you decide if the organizational entity is "sufficiently" close to the parent agency that it is not impractical for it to share administration, supervision, and services from the parent agency on a day-to-day basis. If so, the organizational entity may be classified as a branch. Because circumstances may vary widely among regions and among States within regions, it is inappropriate to set criteria such as mileage or time for purposes of determining

Aspen Federal Regulation Set: G 10.03 HOME HEALTH AGENCIES

branch or subunit status. If there is doubt as to the appropriateness of branch and subunit delineation, a visit to the branch for further evaluation is encouraged.

A branch office, as an extension of the parent HHA, may not offer services that are different than those offered by the parent HHA.

The subunit may provide services other than those provided by the parent because it is semi-autonomous, serves patients in a different geographical area, and must meet the Conditions of Participation separately from the parent HHA. The subunit may have branches.

PROBES:
1- How does the HHA monitor and exercise control over services provided by personnel under arrangements or contracts? In a branch? In a subunit?

2- Can HHA administrative and clinical supervisory personnel describe clearly the lines of authority and responsibility for the administration, delivery, and supervision of services:
o Between parent, branch, and/or subunits?
o If the HHA is part of a larger organizational entity such as a State or local health department, hospital, skilled nursing facility or health maintenance organization?
o If the HHA offers services such as homemaker, personal care aides, private duty nursing, or hospice?

3- Who has responsibility for maintaining employee assignments, plans of care, and minutes of interdisciplinary and administrative meetings integral to the organization and supervision of the HHA's services?

FED - G0124 - ORGANIZATION, SERVICES & ADMINISTRATION

Title ORGANIZATION, SERVICES & ADMINISTRATION
CFR 484.14

Type Standard

Regulation Definition

Administrative and supervisory functions are not delegated to another agency or organization.

Interpretive Guideline

The HHA's policies and procedures, disclosure information required for §484.12, or other forms of documentation (e.g., organizational charts) should be used to determine compliance with this condition.

A local (city or county) health department may specify that the entire department or subdivision of the department is the HHA. If the entire department is identified as the HHA, the organizational structure, as documented, should

specify:
o Where primary supervisory responsibility rests;
o How various divisions and bureaus are involved;
o Who has responsibility for the division or the bureau; and
o Where the focal point is for HHA relationships with the State agency and intermediary.

Similarly, a hospital-based HHA that reports through the hospital's organizational structure to several administrators and/or departments should specify the same points previously mentioned. (Refer to §2186 of the SOM.)

The same points of clarification would be necessary for any HHA which has entered into agreements, contracts or mergers with one or more corporate entities.

Regardless of the formal organizational structure, the overall responsibility for all services provided, whether directly, through arrangements or contracts, rests with the HHA that has assumed responsibility for admitting patients and implementing plans of care.

Examples:
o An HHA may, in arranging or contracting for a service such as physical therapy, require the other party to do the day-by-day professional evaluation of the therapy service. However, the HHA may not delegate its overall administrative and supervisory responsibilities. The contract should specify how HHA supervision will occur.

o An HHA may not use a full-time employee of another legal entity to fulfill its supervisory or administrative functions concurrently. For example: A freestanding HHA locates at a hospital and names a full-time hospital employee as the HHA supervisor. The HHA does not pay the nursing supervisor a salary for the HHA-related services. Because the hospital continues the nursing supervisor in its employ, this arrangement clearly delegates HHA supervisory functions to another legal entity, i.e., the hospital. The HHA would not meet the supervisory requirement of §484.12.

Use §2182, Certification Process, State Operations Manual, to help make determinations regarding branches and/or subunits. Remember that these determinations must be made on a case-by-case basis using the definitions contained in §484.2 and the additional criteria described in §2182. Request
information that helps you decide if the organizational entity is "sufficiently" close to the parent agency that it is not impractical for it to share administration, supervision, and services from the parent agency on a day-to-day basis. If so, the organizational entity may be classified as a branch. Because circumstances may vary widely among regions and among States within regions, it is inappropriate to set criteria such as mileage or time for purposes of determining

Aspen Federal Regulation Set: G 10.03 HOME HEALTH AGENCIES

branch or subunit status. If there is doubt as to the appropriateness of branch and subunit delineation, a visit to the branch for further evaluation is encouraged.

A branch office, as an extension of the parent HHA, may not offer services that are different than those offered by the parent HHA.

The subunit may provide services other than those provided by the parent because it is semi-autonomous, serves patients in a different geographical area, and must meet the Conditions of Participation separately from the parent HHA. The subunit may have branches.

PROBES:
1- How does the HHA monitor and exercise control over services provided by personnel under arrangements or contracts? In a branch? In a subunit?

2- Can HHA administrative and clinical supervisory personnel describe clearly the lines of authority and responsibility for the administration, delivery, and supervision of services:
o Between parent, branch, and/or subunits?
o If the HHA is part of a larger organizational entity such as a State or local health department, hospital, skilled nursing facility or health maintenance organization?
o If the HHA offers services such as homemaker, personal care aides, private duty nursing, or hospice?

3- Who has responsibility for maintaining employee assignments, plans of care, and minutes of interdisciplinary and administrative meetings integral to the organization and supervision of the HHA's services?

FED - G0125 - ORGANIZATION, SERVICES & ADMINISTRATION

Title ORGANIZATION, SERVICES & ADMINISTRATION
CFR 484.14

Type Standard

Regulation Definition

All services not furnished directly, including services provided through subunits are monitored and controlled by the parent agency.

Interpretive Guideline

The HHA's policies and procedures, disclosure information required for §484.12, or other forms of documentation (e.g., organizational charts) should be used to determine compliance with this condition.

A local (city or county) health department may specify that the entire department or subdivision of the department is the HHA. If the entire department is identified as the HHA, the organizational structure, as documented, should

specify:
o Where primary supervisory responsibility rests;
o How various divisions and bureaus are involved;
o Who has responsibility for the division or the bureau; and
o Where the focal point is for HHA relationships with the State agency and intermediary.

Similarly, a hospital-based HHA that reports through the hospital's organizational structure to several administrators and/or departments should specify the same points previously mentioned. (Refer to §2186 of the SOM.)

The same points of clarification would be necessary for any HHA which has entered into agreements, contracts or mergers with one or more corporate entities.

Regardless of the formal organizational structure, the overall responsibility for all services provided, whether directly, through arrangements or contracts, rests with the HHA that has assumed responsibility for admitting patients and implementing plans of care.

Examples:
o An HHA may, in arranging or contracting for a service such as physical therapy, require the other party to do the day-by-day professional evaluation of the therapy service. However, the HHA may not delegate its overall administrative and supervisory responsibilities. The contract should specify how HHA supervision will occur.
o An HHA may not use a full-time employee of another legal entity to fulfill its supervisory or administrative functions concurrently. For example: A freestanding HHA locates at a hospital and names a full-time hospital employee as the HHA supervisor. The HHA does not pay the nursing supervisor a salary for the HHA-related services. Because the hospital continues the nursing supervisor in its employ, this arrangement clearly delegates HHA supervisory functions to another legal entity, i.e., the hospital. The HHA would not meet the supervisory requirement of §484.12.

Use §2182, Certification Process, State Operations Manual, to help make determinations regarding branches and/or subunits. Remember that these determinations must be made on a case-by-case basis using the definitions contained in §484.2 and the additional criteria described in §2182. Request information that helps you decide if the organizational entity is "sufficiently" close to the parent agency that it is not impractical for it to share administration, supervision, and services from the parent agency on a day-to-day basis. If so, the organizational entity may be classified as a branch. Because circumstances may vary widely among regions and among States within regions, it is inappropriate to set criteria such as mileage or time for purposes of determining branch or subunit status. If there is

Aspen Federal Regulation Set: G 10.03 HOME HEALTH AGENCIES

doubt as to the appropriateness of branch and subunit delineation, a visit to the branch for further evaluation is encouraged.

A branch office, as an extension of the parent HHA, may not offer services that are different than those offered by the parent HHA.

The subunit may provide services other than those provided by the parent because it is semi-autonomous, serves patients in a different geographical area, and must meet the Conditions of Participation separately from the parent HHA. The subunit may have branches.

PROBES:
1- How does the HHA monitor and exercise control over services provided by personnel under arrangements or contracts? In a branch? In a subunit?

2- Can HHA administrative and clinical supervisory personnel describe clearly the lines of authority and responsibility for the administration, delivery, and supervision of services:
o Between parent, branch, and/or subunits?
o If the HHA is part of a larger organizational entity such as a State or local health department, hospital, skilled nursing facility or health maintenance organization?
o If the HHA offers services such as homemaker, personal care aides, private duty nursing, or hospice?

3- Who has responsibility for maintaining employee assignments, plans of care, and minutes of interdisciplinary and administrative meetings integral to the organization and supervision of the HHA's services?

FED - G0126 - ORGANIZATION, SERVICES & ADMINISTRATION

Title ORGANIZATION, SERVICES & ADMINISTRATION
CFR 484.14

Type Standard

Regulation Definition

If an agency has subunits, appropriate administrative records are maintained for each subunit.

Interpretive Guideline

The HHA's policies and procedures, disclosure information required for §484.12, or other forms of documentation (e.g., organizational charts) should be used to determine compliance with this condition.

A local (city or county) health department may specify that the entire department or subdivision of the department is the HHA. If the entire department is identified as the HHA, the organizational structure, as documented, should

specify:
o Where primary supervisory responsibility rests;
o How various divisions and bureaus are involved;
o Who has responsibility for the division or the bureau; and
o Where the focal point is for HHA relationships with the State agency and intermediary.

Similarly, a hospital-based HHA that reports through the hospital's organizational structure to several administrators and/or departments should specify the same points previously mentioned. (Refer to §2186 of the SOM.)

The same points of clarification would be necessary for any HHA which has entered into agreements, contracts or mergers with one or more corporate entities.

Regardless of the formal organizational structure, the overall responsibility for all services provided, whether directly, through arrangements or contracts, rests with the HHA that has assumed responsibility for admitting patients and implementing plans of care.

Examples:
o An HHA may, in arranging or contracting for a service such as physical therapy, require the other party to do the day-by-day professional evaluation of the therapy service. However, the HHA may not delegate its overall administrative and supervisory responsibilities. The contract should specify how HHA supervision will occur.

o An HHA may not use a full-time employee of another legal entity to fulfill its supervisory or administrative functions concurrently. For example: A freestanding HHA locates at a hospital and names a full-time hospital employee as the HHA supervisor. The HHA does not pay the nursing supervisor a salary for the HHA-related services. Because the hospital continues the nursing supervisor in its employ, this arrangement clearly delegates HHA supervisory functions to another legal entity, i.e., the hospital. The HHA would not meet the supervisory requirement of §484.12.

Use §2182, Certification Process, State Operations Manual, to help make determinations regarding branches and/or subunits. Remember that these determinations must be made on a case-by-case basis using the definitions contained in §484.2 and the additional criteria described in §2182. Request
information that helps you decide if the organizational entity is "sufficiently" close to the parent agency that it is not impractical for it to share administration, supervision, and services from the parent agency on a day-to-day basis. If so, the organizational entity may be classified as a branch. Because circumstances may vary widely among regions and among States within regions, it is inappropriate to set criteria such as mileage or time for purposes of determining

Aspen Federal Regulation Set: G 10.03 HOME HEALTH AGENCIES

branch or subunit status. If there is doubt as to the appropriateness of branch and subunit delineation, a visit to the branch for further evaluation is encouraged.

A branch office, as an extension of the parent HHA, may not offer services that are different than those offered by the parent HHA.

The subunit may provide services other than those provided by the parent because it is semi-autonomous, serves patients in a different geographical area, and must meet the Conditions of Participation separately from the parent HHA. The subunit may have branches.

PROBES:
1- How does the HHA monitor and exercise control over services provided by personnel under arrangements or contracts? In a branch? In a subunit?

2- Can HHA administrative and clinical supervisory personnel describe clearly the lines of authority and responsibility for the administration, delivery, and supervision of services:
o Between parent, branch, and/or subunits?
o If the HHA is part of a larger organizational entity such as a State or local health department, hospital, skilled nursing facility or health maintenance organization?
o If the HHA offers services such as homemaker, personal care aides, private duty nursing, or hospice?

3- Who has responsibility for maintaining employee assignments, plans of care, and minutes of interdisciplinary and administrative meetings integral to the organization and supervision of the HHA's services?

FED - G0127 - SERVICES FURNISHED

Title SERVICES FURNISHED

CFR 484.14(a)

Type Standard

Regulation Definition

Part-time or intermittent skilled nursing services and at least one other therapeutic service (physical, speech or occupational therapy; medical social services; or home health aide services) are made available on a visiting basis, in a place of residence used as a patient's home. An HHA must provide at least one of

Interpretive Guideline

An HHA is considered to provide a service "directly" when the person providing the service for the HHA is an HHA employee. For purposes of meeting 42 CFR 484.14(a), an individual who works for the HHA on an hourly or per-visit basis may be considered an agency employee if the HHA is required to issue a form W-2 on his/her behalf.

An HHA is considered to provide a service "under arrangements" when the HHA provides the service through

Aspen Federal Regulation Set: G 10.03 HOME HEALTH AGENCIES

the qualifying services directly through agency employees, but may provide the second qualifying service and additional services under arrangements with another agency or organization.

contractual or affiliation arrangements with other agencies or organizations, or with an individual(s) who is not an HHA employee.

PROBE:
How do the terms of the HHA agreements/contracts ensure that the HHA has the requisite control over its provision of services?

FED - G0128 - GOVERNING BODY

Title GOVERNING BODY

CFR 484.14(b)

Type Standard

Regulation Definition

A governing body (or designated persons so functioning) assumes full legal authority and responsibility for the operation of the agency.

Interpretive Guideline

An HHA may use the services of a management company to strengthen its own administrative services. An HHA's documented agreement with a management company or employee leasing company must specify that the legal authority and full control of the HHA's operation remain with the HHA and that the HHA's governing body retains the responsibilities specified in §484.14(b). This means that the HHA, through the governing body (or designated persons so functioning), must assume the full legal authority and responsibility for the operations of the agency, including its policies, procedures, services, organization, and budget preparation. These responsibilities must be clearly defined in the written agreement with the management or employee leasing company.

PROBE:
How does the governing body exercise its responsibility for the overall operation of the HHA, including the HHA's budget and capital expenditure plan, and the overall management, supervision, and evaluation of the HHA and its patients' outcomes? (Review documents which outline these responsibilities.)

FED - G0129 - GOVERNING BODY

Title GOVERNING BODY

CFR 484.14(b)

Type Standard

Aspen Federal Regulation Set: G 10.03 HOME HEALTH AGENCIES

Regulation Definition	Interpretive Guideline
The governing body appoints a qualified administrator.	An HHA may use the services of a management company to strengthen its own administrative services. An HHA's documented agreement with a management company or employee leasing company must specify that the legal authority and full control of the HHA's operation remain with the HHA and that the HHA's governing body retains the responsibilities specified in §484.14(b). This means that the HHA, through the governing body (or designated persons so functioning), must assume the full legal authority and responsibility for the operations of the agency, including its policies, procedures, services, organization, and budget preparation. These responsibilities must be clearly defined in the written agreement with the management or employee leasing company. PROBE: How does the governing body exercise its responsibility for the overall operation of the HHA, including the HHA's budget and capital expenditure plan, and the overall management, supervision, and evaluation of the HHA and its patients' outcomes? (Review documents which outline these responsibilities.)

FED - G0130 - GOVERNING BODY

Title GOVERNING BODY

CFR 484.14(b)

Type Standard

Regulation Definition	Interpretive Guideline
The governing body arranges for professional advice as required under §484.16.	An HHA may use the services of a management company to strengthen its own administrative services. An HHA's documented agreement with a management company or employee leasing company must specify that the legal authority and full control of the HHA's operation remain with the HHA and that the HHA's governing body retains the responsibilities specified in §484.14(b). This means that the HHA, through the governing body (or designated persons so functioning), must assume the full legal authority and responsibility for the operations of the agency, including its policies, procedures, services, organization, and budget preparation. These responsibilities must be clearly defined in the written agreement with the management or employee leasing company. PROBE: How does the governing body exercise its responsibility for the overall operation of the HHA, including the HHA's budget and capital expenditure plan, and the overall management, supervision, and evaluation of the HHA and its patients' outcomes? (Review documents which outline these responsibilities.)

Aspen Federal Regulation Set: G 10.03 HOME HEALTH AGENCIES

FED - G0131 - GOVERNING BODY

Title GOVERNING BODY

CFR 484.14(b)

Type Standard

Regulation Definition	Interpretive Guideline
The governing body adopts and periodically reviews written bylaws or an acceptable equivalent.	An HHA may use the services of a management company to strengthen its own administrative services. An HHA's documented agreement with a management company or employee leasing company must specify that the legal authority and full control of the HHA's operation remain with the HHA and that the HHA's governing body retains the responsibilities specified in §484.14(b). This means that the HHA, through the governing body (or designated persons so functioning), must assume the full legal authority and responsibility for the operations of the agency, including its policies, procedures, services, organization, and budget preparation. These responsibilities must be clearly defined in the written agreement with the management or employee leasing company. PROBE: How does the governing body exercise its responsibility for the overall operation of the HHA, including the HHA's budget and capital expenditure plan, and the overall management, supervision, and evaluation of the HHA and its patients' outcomes? (Review documents which outline these responsibilities.)

FED - G0132 - GOVERNING BODY

Title GOVERNING BODY

CFR 484.14(b)

Type Standard

Regulation Definition	Interpretive Guideline
The governing body oversees the management and fiscal affairs of the agency.	An HHA may use the services of a management company to strengthen its own administrative services. An HHA's documented agreement with a management company or employee leasing company must specify that the legal authority and full control of the HHA's operation remain with the HHA and that the HHA's governing body retains the responsibilities specified in §484.14(b). This means that the HHA, through the governing body (or designated persons so functioning), must assume the full legal authority and responsibility for the operations of the agency, including its policies, procedures, services, organization, and budget preparation. These responsibilities must be

Aspen Federal Regulation Set: G 10.03 HOME HEALTH AGENCIES

clearly defined in the written agreement with the management or employee leasing company.

PROBE:
How does the governing body exercise its responsibility for the overall operation of the HHA, including the HHA's budget and capital expenditure plan, and the overall management, supervision, and evaluation of the HHA and its patients' outcomes? (Review documents which outline these responsibilities.)

FED - G0133 - ADMINISTRATOR

Title ADMINISTRATOR

CFR 484.14(c)

Type Standard

Regulation Definition	Interpretive Guideline
The administrator, who may also be the supervising physician or registered nurse required under paragraph (d) of this section, organizes and directs the agency's ongoing functions; maintains ongoing liaison among the governing body, the group of professional personnel, and the staff.	PROBES: 1- How do the specific administrative activities identified in the standard impact on the services of the HHA? 2- What individual is authorized to act in the absence of the administrator?

FED - G0134 - ADMINISTRATOR

Title ADMINISTRATOR

CFR 484.14(c)

Type Standard

Regulation Definition	Interpretive Guideline
The administrator, who may also be the supervising physician or registered nurse required under paragraph (d) of this section, employs qualified personnel and ensures adequate staff education and evaluations.	PROBES: 1- How do the specific administrative activities identified in the standard impact on the services of the HHA? 2- What individual is authorized to act in the absence of the administrator?

Aspen Federal Regulation Set: G 10.03 HOME HEALTH AGENCIES

FED - G0135 - ADMINISTRATOR

Title ADMINISTRATOR

CFR 484.14(c)

Type Standard

Regulation Definition	Interpretive Guideline
The administrator, who may also be the supervising physician or registered nurse required under paragraph (d) of this section, ensures the accuracy of public information materials and activities.	PROBES: 1- How do the specific administrative activities identified in the standard impact on the services of the HHA? 2- What individual is authorized to act in the absence of the administrator?

FED - G0136 - ADMINISTRATOR

Title ADMINISTRATOR

CFR 484.14(c)

Type Standard

Regulation Definition	Interpretive Guideline
The administrator, who may also be the supervising physician or registered nurse required under paragraph (d) of this section, implements an effective budgeting and accounting system.	PROBES: 1- How do the specific administrative activities identified in the standard impact on the services of the HHA? 2- What individual is authorized to act in the absence of the administrator?

FED - G0137 - ADMINISTRATOR

Title ADMINISTRATOR

CFR 484.14(c)

Type Standard

Aspen Federal Regulation Set: G 10.03 HOME HEALTH AGENCIES

Regulation Definition	Interpretive Guideline
A qualified person is authorized in writing to act in the absence of the administrator.	PROBES: 1- How do the specific administrative activities identified in the standard impact on the services of the HHA? 2- What individual is authorized to act in the absence of the administrator?

FED - G0138 - SUPERVISING PHYSICIAN OR REGIS. NURSE

Title SUPERVISING PHYSICIAN OR REGIS. NURSE

CFR 484.14(d)

Type Standard

Regulation Definition	Interpretive Guideline
The skilled nursing and other therapeutic services furnished are under the supervision and direction of a physician or a registered nurse (who preferably has at least 1 year of nursing experience and is a public health nurse).	"Available at all times during operating hours" means being readily available on the premises or by telecommunications. How the supervising physician or supervising registered nurse structures his or her availability is a management decision for the HHA.

FED - G0139 - SUPERVISING PHYSICIAN OR REGIS. NURSE

Title SUPERVISING PHYSICIAN OR REGIS. NURSE

CFR 484.14(d)

Type Standard

Regulation Definition	Interpretive Guideline
Services furnished are under the supervision and direction of a physician or a registered nurse (who preferably has at least one year of nursing experience and is a public health nurse). This person, or similarly qualified alternate, is available at all times during operating hours.	"Available at all times during operating hours" means being readily available on the premises or by telecommunications. How the supervising physician or supervising registered nurse structures his or her availability is a management decision for the HHA.

Aspen Federal Regulation Set: G 10.03 HOME HEALTH AGENCIES

FED - G0140 - SUPERVISING PHYSICIAN OR REGIS. NURSE

Title SUPERVISING PHYSICIAN OR REGIS. NURSE

CFR 484.14(d)

Type Standard

Regulation Definition	Interpretive Guideline
Services furnished are under the supervision and direction of a physician or a registered nurse (who preferably has at least one year of nursing experience and is a public health nurse). This person, or similarly qualified alternate, participates in all activities relevant to the professional services furnished, including the development of qualifications and the assignment of personnel.	"Available at all times during operating hours" means being readily available on the premises or by telecommunications. How the supervising physician or supervising registered nurse structures his or her availability is a management decision for the HHA.

FED - G0141 - PERSONNEL POLICIES

Title PERSONNEL POLICIES

CFR 484.14(e)

Type Standard

Regulation Definition	Interpretive Guideline
Personnel practices and patient care are supported by appropriate, written personnel policies. Personnel records include qualifications and licensure that are kept current.	The numbers and qualifications of personnel available to provide services must be sufficient to implement the plans of care and the medical, nursing, and rehabilitative needs of the patients admitted by the HHA. PROBES: 1- What does the HHA include in the personnel records about the qualifications and licensure of its employees? 2- If the HHA does not keep duplicate personnel records of staff hired under arrangement, how does it ensure that records are kept current?

Aspen Federal Regulation Set: G 10.03 HOME HEALTH AGENCIES

FED - G0142 - PERSONNEL HOURLY/PER VISIT CONTRACT

Title PERSONNEL HOURLY/PER VISIT CONTRACT

CFR 484.14(f)

Type Standard

Regulation Definition

If personnel under hourly or per visit contracts are used by the HHA, there is a written contract between those personnel and the agency that specifies the following:
(1) Patients are accepted for care only by the primary HHA.
(2) The services to be furnished.
(3) The necessity to conform to all applicable agency policies, including personnel qualifications.
(4) The responsibility for participating in developing plans of care.
(5) The manner in which services will be controlled, coordinated, and evaluated by the primary HHA.
(6) The procedures for submitting clinical and progress notes, scheduling of visits, periodic patient evaluation.
(7) The procedures for payment for services furnished under the contract.

Interpretive Guideline

If an HHA, which has been established as hospital-based for Medicare payment purposes, has arranged with the hospital to provide the second qualifying service or other HHA services (see 42 CFR 484.14(a)) through hospital employees, the HHA would not be required to have an hourly or per visit contract with these hospital employees. The HHA should identify in its records the names of these employees and the amount of time they spend at the HHA. However, if these hospital employees provide services to the HHA outside of their own usual working hours or shifts (i.e., "moonlight" as HHA employees, as opposed to working overtime for the hospital), a contract as specified in standard (f) applies.

PROBES:
1- How does the HHA orient contractual personnel to HHA objectives, policies, procedures, and programs?

2- How does the HHA evaluate whether contractual personnel inform the patient of his/her rights prior to the beginning of care or when there are changes in care?

3- How are contractual personnel monitored by the HHA to confirm that the care provided is consistent with the plans of care and that their services meet the terms of the contract?

4- Who reviews the 2-month recertification requests to determine if continuing patient care is indicated as a probable medical necessity?

FED - G0143 - COORDINATION OF PATIENT SERVICES

Title COORDINATION OF PATIENT SERVICES

CFR 484.14(g)

Type Standard

Aspen Federal Regulation Set: G 10.03 HOME HEALTH AGENCIES

Regulation Definition	Interpretive Guideline
All personnel furnishing services maintain liaison to ensure that their efforts are coordinated effectively and support the objectives outlined in the plan of care.	PROBES: 1- What is the HHA's policy related to facilitating exchange of information among staff? 2- How does coordination of care among staff and/or contract personnel providing services to individual patients occur? 3- How does the HHA ensure that patients' written summary reports sent to attending physicians every 62 days meet the regulatory requirements of §484.2? Refer to §484.48 regarding guidelines for the attending physician's written summary report.

FED - G0144 - COORDINATION OF PATIENT SERVICES

Title COORDINATION OF PATIENT SERVICES

CFR 484.14(g)

Type Standard

Regulation Definition	Interpretive Guideline
The clinical record or minutes of case conferences establish that effective interchange, reporting, and coordination of patient care does occur.	PROBES: 1- What is the HHA's policy related to facilitating exchange of information among staff? 2- How does coordination of care among staff and/or contract personnel providing services to individual patients occur? 3- How does the HHA ensure that patients' written summary reports sent to attending physicians every 62 days meet the regulatory requirements of §484.2? Refer to §484.48 regarding guidelines for the attending physician's written summary report.

Aspen Federal Regulation Set: G 10.03 HOME HEALTH AGENCIES

FED - G0145 - COORDINATION OF PATIENT SERVICES

Title COORDINATION OF PATIENT SERVICES

CFR 484.14(g)

Type Standard

Regulation Definition	Interpretive Guideline
A written summary report for each patient is sent to the attending physician at least every 60 days.	PROBES: 1- What is the HHA's policy related to facilitating exchange of information among staff? 2- How does coordination of care among staff and/or contract personnel providing services to individual patients occur? 3- How does the HHA ensure that patients' written summary reports sent to attending physicians every 62 days meet the regulatory requirements of §484.2? Refer to §484.48 regarding guidelines for the attending physician's written summary report.

FED - G0146 - SERVICES UNDER ARRANGEMENTS

Title SERVICES UNDER ARRANGEMENTS

CFR 484.14(h)

Type Standard

Regulation Definition	Interpretive Guideline
Services furnished under arrangements are subject to a written contract conforming with the requirements specified in paragraph (f) of this section and with the requirements of section 1861(w) of the Act (42 U.S.C 1495x(w)).	Section 1861(w) of the Act states that an HHA may have others furnish covered items or services through arrangements under which receipt of payment by the HHA for the services discharges the liability of the beneficiary or any other person to pay for the services. This holds true whether the services and items are furnished by the HHA itself or by another agency under arrangements. Both must agree not to charge the patient for covered services and items and to return money incorrectly collected.

Aspen Federal Regulation Set: G 10.03 HOME HEALTH AGENCIES

FED - G0147 - INSTITUTIONAL PLANNING

Title INSTITUTIONAL PLANNING

CFR 484.14(i)

Type Standard

Regulation Definition

The HHA, under the direction of the governing body, prepares an overall plan and a budget that includes an annual operating budget and capital expenditure plan.

(1) Annual operating budget. There is an annual operating budget that includes all anticipated income and expenses related to items that would, under generally accepted accounting principles, be considered income and expense items. However, it is not required that there be prepared, in connection with any budget, an item by item identification of the components of each type of anticipated income or expense.

(2) Capital expenditure plan.
(i) There is a capital expenditure plan for at least a 3-year period, including the operating budget year. The plan includes and identifies in detail the anticipated sources of financing for, and the objectives of, each anticipated expenditure of more than $600,000 for items that would under generally accepted accounting principles, be considered capital items. In determining if a single capital expenditure exceeds $600,000, the cost of studies, surveys, designs, plans, working drawings, specifications, and other activities essential to the acquisition, improvement, modernization, expansion, or replacement of land, plant, building, and equipment are included. Expenditures directly or indirectly related to capital expenditures, such as grading, paving, broker commissions, taxes assessed during the construction period, and costs involved in demolishing or razing structures on land are also

Interpretive Guideline

An HHA with branches and/or subunits requires only one overall plan and one budget which should include the resources and expenditures of all branches and subunits.

Aspen Federal Regulation Set: G 10.03 HOME HEALTH AGENCIES

included. Transactions that are separated in time, but are components of an overall plan or patient care objective, are viewed in their entirety without regard to their timing. Other costs related to capital expenditures include title fees, permit and license fees, broker commissions, architect, legal, accounting, and appraisal fees; interest, finance, or carrying charges on bonds, notes and other costs incurred for borrowing funds.

(ii) If the anticipated source of financing is, in any part, the anticipated payment from title V (Maternal and Child Health and Crippled Children's Services) or title XVIII (Medicare) or title XIX (Medicaid) of the Social Security Act, the plan specifies the following:

(A) Whether the proposed capital expenditure is required to conform, or is likely to be required to conform, to current standards, criteria, or plans developed in accordance with the Public Health Service Act or the Mental Retardation Facilities and Community Mental Health Centers Construction Act of 1963.

(B) Whether a capital expenditure proposal has been submitted to the designated planning agency for approval in accordance with section 1122 of the Act (42 U.S.C. 1320a-1) and implementing regulations.

(C) Whether the designated planning agency has approved or disapproved the proposed capital expenditure if it was presented to that agency.

FED - G0148 - INSTITUTIONAL PLANNING

Title INSTITUTIONAL PLANNING

CFR 484.14(i)

Type Standard

Regulation Definition

The overall plan and budget is prepared under the direction of the governing body of the HHA by a committee consisting of

Interpretive Guideline

An HHA with branches and/or subunits requires only one overall plan and one budget which should include the resources and expenditures of all branches and subunits.

Aspen Federal Regulation Set: G 10.03 HOME HEALTH AGENCIES

representatives of the governing body, the administrative staff, and the medical staff (if any) of the HHA.

FED - G0149 - INSTITUTIONAL PLANNING

Title INSTITUTIONAL PLANNING

CFR 484.14(i)

Type Standard

Regulation Definition	Interpretive Guideline
The overall plan and budget is reviewed and updated at least annually by the committee referred to in paragraph (i)(3) of this section under the direction of the governing body of the HHA.	An HHA with branches and/or subunits requires only one overall plan and one budget which should include the resources and expenditures of all branches and subunits.

FED - G0150 - LABORATORY SERVICES

Title LABORATORY SERVICES

CFR 484.14(j)

Type Standard

Regulation Definition	Interpretive Guideline
(1) If the HHA engages in laboratory testing outside of the context of assisting an individual in self-administering a test with an appliance that has been cleared for that purpose by the FDA, such testing must be in compliance with all applicable requirements of part 493 of this chapter.	Determine if the HHA is providing laboratory testing as set forth at 42 CFR 493. If the HHA is performing testing, request to see the CLIA certificate for the level of testing being performed, i.e., a certificate of waiver, certificate for physician-performed microscopy procedures, certificate of accreditation, certificate of registration or certificate for moderate or high complexity testing. HHAs holding a certificate of waiver are limited to performing only those tests determined to be in the waived category.
(2) If the HHA chooses to refer specimens for laboratory testing to another laboratory, the referral laboratory must be certified in the appropriate specialties and subspecialties of services in accordance with the applicable requirements of part 493 of this chapter.	These are: o Dipstick/tablet reagent urinalysis (includes 10 analytes); o Fecal occult blood; o Ovulation test kits - visual color comparison tests for human luteinizing hormone; o Urine pregnancy test - visual color comparison tests; o Erythrocyte sedimentation rate (non-automated);

Aspen Federal Regulation Set: G 10.03 HOME HEALTH AGENCIES

o Hemoglobin - copper sulfate (non-automated);
o Blood glucose by glucose monitoring devices cleared by the Food and Drug Administration (FDA) specifically for home use;
o Spun microhematocrit; and
o Hemoglobin by single analyte instruments with self-contained or component features to perform specimen/reagent interaction, providing direct measurement and readout (e.g., HemaCue).

HHAs holding a certificate for physician-performed microscopy procedures are limited to performing only those tests determined to be in the physician-performed microscopy procedure category listed below or in combination with waived tests:
o Wet mounts, including preparations of vaginal, cervical or skin specimens;
o All potassium hydroxide preparations;
o Pinworm examinations;
o Fern tests;
o Post-coital direct, qualitative examinations of vaginal or cervical mucous; and
o Urine sediment examinations.

These tests must be performed by a physician on his or her own patients or the patients of the medical group practice of which the physician is a member.

If performed by anyone else, the performance of these tests would require a registration certificate, certificate of accreditation or certificate.

If the HHA performs any other testing procedures, it would require a registration certificate (which allows the performance of such testing until a determination of compliance is made), a certificate of accreditation, or a certificate (issued upon the determination of compliance after an on-site survey).

Assisting individuals in administering their own tests, such as fingerstick blood glucose testing, is not considered testing subject to the CLIA regulations. However, if the HHA staff is actually responsible for measuring the blood glucose level of patients with an FDA approved blood glucose monitor, and no other tests are being performed, request to see the facility's certificate of waiver, since glucose testing with a blood glucose meter (approved by the FDA specifically for home use) is a waived test under the provisions at 42 CFR 493.15.

If the facility does not possess the appropriate CLIA certificate, inform the facility that it is in violation of CLIA law and that it must apply immediately to the State agency for the appropriate certificate. The facility is out of compliance with 42 CFR 484.14(j). Also, refer this facility's non-compliance to the department within the State agency responsible for CLIA surveys.

Aspen Federal Regulation Set: G 10.03 HOME HEALTH AGENCIES

FED - G0151 - GROUP OF PROFESSIONAL PERSONNEL

Title GROUP OF PROFESSIONAL PERSONNEL

CFR 484.16

Type Condition

Regulation Definition

Interpretive Guideline

FED - G0152 - GROUP OF PROFESSIONAL PERSONNEL

Title GROUP OF PROFESSIONAL PERSONNEL

CFR 484.16

Type Standard

Regulation Definition

A group of professional personnel includes at least one physician and one registered nurse (preferably a public health nurse), and appropriate representation from other professional disciplines.

Interpretive Guideline

If an HHA has a branch(es), the annual review includes services delivered through the branch(es).

The parent agency's group of professional personnel or a subcommittee of the group may also serve as the subunit's group of professional personnel or the subunit may establish its own group.

If the HHA is part of a larger organization (e.g., a State, county, hospital) and the parent organization's policies are mostly applicable to the HHA, the HHA does not have to develop new policies. Rather, the HHA should review and revise patient policies to accommodate the conditions of participation, the patient care needs of the HHA and the quality of services to be provided.

FED - G0153 - GROUP OF PROFESSIONAL PERSONNEL

Title GROUP OF PROFESSIONAL PERSONNEL

CFR 484.16

Type Standard

Aspen Federal Regulation Set: G 10.03 HOME HEALTH AGENCIES

Regulation Definition	Interpretive Guideline
The group of professional personnel establishes and annually reviews the agency's policies governing scope of services offered, admission and discharge policies, medical supervision and plans of care, emergency care, clinical records, personnel qualifications, and program evaluation. At least one member of the group is neither an owner nor an employee of the agency.	If an HHA has a branch(es), the annual review includes services delivered through the branch(es). The parent agency's group of professional personnel or a subcommittee of the group may also serve as the subunit's group of professional personnel or the subunit may establish its own group. If the HHA is part of a larger organization (e.g., a State, county, hospital) and the parent organization's policies are mostly applicable to the HHA, the HHA does not have to develop new policies. Rather, the HHA should review and revise patient policies to accommodate the conditions of participation, the patient care needs of the HHA and the quality of services to be provided.

FED - G0154 - ADVISORY AND EVALUATION FUNCTION

Title ADVISORY AND EVALUATION FUNCTION

CFR 484.16(a)

Type Standard

Regulation Definition	Interpretive Guideline
The group of professional personnel meets frequently to advise the agency on professional issues, to participate in the evaluation of the agency's program, and to assist the agency in maintaining liaison with other health care providers in the community and in the agency's community information program.	If an HHA has a branch(es), the annual review includes services delivered through the branch(es). The parent agency's group of professional personnel or a subcommittee of the group may also serve as the subunit's group of professional personnel or the subunit may establish its own group. If the HHA is part of a larger organization (e.g., a State, county, hospital) and the parent organization's policies are mostly applicable to the HHA, the HHA does not have to develop new policies. Rather, the HHA should review and revise patient policies to accommodate the conditions of participation, the patient care needs of the HHA and the quality of services to be provided. PROBE: What documentation is there of advice concerning professional issues, evaluation of the professional service program, or assistance in maintaining liaison with other community groups by the professional group?

Aspen Federal Regulation Set: G 10.03 HOME HEALTH AGENCIES

FED - G0155 - ADVISORY AND EVALUATION FUNCTION

Title ADVISORY AND EVALUATION FUNCTION

CFR 484.16(a)

Type Standard

Regulation Definition	Interpretive Guideline
The group of professional personnel's meetings are documented by dated minutes.	If an HHA has a branch(es), the annual review includes services delivered through the branch(es). The parent agency's group of professional personnel or a subcommittee of the group may also serve as the subunit's group of professional personnel or the subunit may establish its own group. If the HHA is part of a larger organization (e.g., a State, county, hospital) and the parent organization's policies are mostly applicable to the HHA, the HHA does not have to develop new policies. Rather, the HHA should review and revise patient policies to accommodate the conditions of participation, the patient care needs of the HHA and the quality of services to be provided. PROBE: What documentation is there of advice concerning professional issues, evaluation of the professional service program, or assistance in maintaining liaison with other community groups by the professional group?

FED - G0156 - ACCEPTANCE OF PATIENTS, POC, MED SUPER

Title ACCEPTANCE OF PATIENTS, POC, MED SUPER

CFR 484.18

Type Condition

Regulation Definition	Interpretive Guideline

Aspen Federal Regulation Set: G 10.03 HOME HEALTH AGENCIES

FED - G0157 - ACCEPTANCE OF PATIENTS, POC, MED SUPER

Title ACCEPTANCE OF PATIENTS, POC, MED SUPER

CFR 484.18

Type Standard

Regulation Definition

Patients are accepted for treatment on the basis of a reasonable expectation that the patient's medical, nursing, and social needs can be met adequately by the agency in the patient's place of residence.

Interpretive Guideline

It is CMS's policy to require that the HHA must have a plan of care for each patient, regardless of the patient's Medicare status or that nurse practice acts do not specifically require a physician's order. The CoPs do not require a physician's order for services furnished by the HHA that are not related to the patient's illness, injury, or treatment of the patient's medical, nursing, or social needs.

Medical orders may authorize a specific range in the frequency of visits for each service (i.e., 2-4 visits per week) to ensure that the most appropriate level of service is provided to the patient. The regulation requires the HHA to alert the physician to any changes that suggest a need to alter the plan of care. If the HHA provides fewer visits than the physician orders, it has altered the plan of care and the physician must be notified. This can be accomplished by obtaining a physician's order to cover the missed visit or notifying the physician, and maintaining documentation in the clinical record indicating that the physician is aware of the missed visit.

PROBE:
What evidence (if any) demonstrates that patients are admitted or denied services for reasons contrary to the intent of this standard?

FED - G0158 - ACCEPTANCE OF PATIENTS, POC, MED SUPER

Title ACCEPTANCE OF PATIENTS, POC, MED SUPER

CFR 484.18

Type Standard

Regulation Definition

Care follows a written plan of care established and periodically reviewed by a doctor of medicine, osteopathy, or podiatric medicine.

Interpretive Guideline

It is CMS's policy to require that the HHA must have a plan of care for each patient, regardless of the patient's Medicare status or that nurse practice acts do not specifically require a physician's order. The CoPs do not require a physician's order for services furnished by the HHA that are not related to the patient's illness, injury, or treatment of

Aspen Federal Regulation Set: G 10.03 HOME HEALTH AGENCIES

the patient's medical, nursing, or social needs.

Medical orders may authorize a specific range in the frequency of visits for each service (i.e., 2-4 visits per week) to ensure that the most appropriate level of service is provided to the patient. The regulation requires the HHA to alert the physician to any changes that suggest a need to alter the plan of care. If the HHA provides fewer visits than the physician orders, it has altered the plan of care and the physician must be notified. This can be accomplished by obtaining a physician's order to cover the missed visit or notifying the physician, and maintaining documentation in the clinical record indicating that the physician is aware of the missed visit.

PROBE:
What evidence (if any) demonstrates that patients are admitted or denied services for reasons contrary to the intent of this standard?

FED - G0159 - PLAN OF CARE

Title PLAN OF CARE

CFR 484.18(a)

Type Standard

Regulation Definition

The plan of care developed in consultation with the agency staff covers all pertinent diagnoses, including mental status, types of services and equipment required, frequency of visits, prognosis, rehabilitation potential, functional limitations, activities permitted, nutritional requirements, medications and treatments, any safety measures to protect against injury, instructions for timely discharge or referral, and any other appropriate items.

Interpretive Guideline

A statutory change renamed the "plan of treatment" to "the plan of care." These terms are synonymous. Neither is to be confused with a nursing care plan.

The conditions do not require an HHA to either develop or maintain a nursing care plan as opposed to a medical plan of care. This does not preclude an HHA from using nursing care plans if it believes that such plans strengthen patient care management, the organization and delivery of services, and the ability to evaluate patient outcomes.

Review a case-mix, stratified sample of clinical records (see §2200B) to determine if the requirements of this standard are met.

Written HHA policies and procedures should specify that all clinical services are implemented only in accordance with a plan of care established by a physician's written orders.

Policies should also specify if the HHA:
o Accepts physician's orders on referral communicated verbally by an institution's discharge planner, nurse practitioner, physician's assistant, or other authorized staff member followed by written, signed and dated physician's

Aspen Federal Regulation Set: G 10.03 HOME HEALTH AGENCIES

orders, in order to begin HHA services as soon as possible.
o Accepts signed physician certification and recertification of plans of care, as well as signed orders changing the plan of care, by telecommunication systems ("fax"), which are filed in the clinical record.

The plan of care must be established and authorized in writing by the physician based on an evaluation of the patient's immediate and long term needs. The HHA staff, and if appropriate, other professional personnel, shall have a substantial role in assessing patient needs, consulting with the physician, and helping to develop the overall plan of care.

The patient has the right, and should be encouraged, to participate in the development of the plan of care before care is started and when changes in the established plan of care are implemented. (See §484.10(c)(2).)

Section 1861(r) of the Act defines the term, "physician", to permit a podiatrist to establish and recertify an HHA patient's plan of care. The podiatrist's functions must be consistent with the HHA's policies and procedures that pertain to therapeutic activities he/she is legally authorized by the State to perform.

Form CMS-485, "Home Health Certification and Plan of Treatment", may be used as the plan of care. This form fulfills the regulatory requirements for a plan of care and may be used to evaluate compliance with this standard.

PROBES:
1- How does an HHA evaluate whether the plan of care, and the coordination of services help the patient attain and maintain his or her highest practicable functional capacity based on medical, nursing and rehabilitative needs?

2- How does the HHA monitor the delivery of services, including those provided under arrangement or contract, to ensure compliance with the specificity and frequency of services ordered in the plan of care?

3- If a range of visits is ordered, how does the HHA ensure that the frequency of visits meets the clinical needs of the patient?

FED - G0160 - PLAN OF CARE

Title PLAN OF CARE

CFR 484.18(a)

Type Standard

Aspen Federal Regulation Set: G 10.03 HOME HEALTH AGENCIES

Regulation Definition

If a physician refers a patient under a plan of care that cannot be completed until after an evaluation visit, the physician is consulted to approve additions or modification to the original plan.

Interpretive Guideline

A statutory change renamed the "plan of treatment" to "the plan of care." These terms are synonymous. Neither is to be confused with a nursing care plan.

The conditions do not require an HHA to either develop or maintain a nursing care plan as opposed to a medical plan of care. This does not preclude an HHA from using nursing care plans if it believes that such plans strengthen patient care management, the organization and delivery of services, and the ability to evaluate patient outcomes.

Review a case-mix, stratified sample of clinical records (see §2200B) to determine if the requirements of this standard are met.

Written HHA policies and procedures should specify that all clinical services are implemented only in accordance with a plan of care established by a physician's written orders.

Policies should also specify if the HHA:
o Accepts physician's orders on referral communicated verbally by an institution's discharge planner, nurse practitioner, physician's assistant, or other authorized staff member followed by written, signed and dated physician's orders, in order to begin HHA services as soon as possible.
o Accepts signed physician certification and recertification of plans of care, as well as signed orders changing the plan of care, by telecommunication systems ("fax"), which are filed in the clinical record.

The plan of care must be established and authorized in writing by the physician based on an evaluation of the patient's immediate and long term needs. The HHA staff, and if appropriate, other professional personnel, shall have a substantial role in assessing patient needs, consulting with the physician, and helping to develop the overall plan of care.

The patient has the right, and should be encouraged, to participate in the development of the plan of care before care is started and when changes in the established plan of care are implemented. (See §484.10(c)(2).)

Section 1861(r) of the Act defines the term, "physician", to permit a podiatrist to establish and recertify an HHA patient's plan of care. The podiatrist's functions must be consistent with the HHA's policies and procedures that pertain to therapeutic activities he/she is legally authorized by the State to perform.

Form CMS-485, "Home Health Certification and Plan of Treatment", may be used as the plan of care. This form fulfills the regulatory requirements for a plan of care and may be used to evaluate compliance with this standard.

Aspen Federal Regulation Set: G 10.03 HOME HEALTH AGENCIES

PROBES:
1- How does an HHA evaluate whether the plan of care, and the coordination of services help the patient attain and maintain his or her highest practicable functional capacity based on medical, nursing and rehabilitative needs?

2- How does the HHA monitor the delivery of services, including those provided under arrangement or contract, to ensure compliance with the specificity and frequency of services ordered in the plan of care?

3- If a range of visits is ordered, how does the HHA ensure that the frequency of visits meets the clinical needs of the patient?

FED - G0161 - PLAN OF CARE

Title PLAN OF CARE

CFR 484.18(a)

Type Standard

Regulation Definition

Orders for therapy services include the specific procedures and modalities to be used and the amount, frequency, and duration.

Interpretive Guideline

A statutory change renamed the "plan of treatment" to "the plan of care." These terms are synonymous. Neither is to be confused with a nursing care plan.

The conditions do not require an HHA to either develop or maintain a nursing care plan as opposed to a medical plan of care. This does not preclude an HHA from using nursing care plans if it believes that such plans strengthen patient care management, the organization and delivery of services, and the ability to evaluate patient outcomes.

Review a case-mix, stratified sample of clinical records (see §2200B) to determine if the requirements of this standard are met.

Written HHA policies and procedures should specify that all clinical services are implemented only in accordance with a plan of care established by a physician's written orders.

Policies should also specify if the HHA:
o Accepts physician's orders on referral communicated verbally by an institution's discharge planner, nurse practitioner, physician's assistant, or other authorized staff member followed by written, signed and dated physician's orders, in order to begin HHA services as soon as possible.
o Accepts signed physician certification and recertification of plans of care, as well as signed orders changing the plan of care, by telecommunication systems ("fax"), which are filed in the clinical record.

Aspen Federal Regulation Set: G 10.03 HOME HEALTH AGENCIES

The plan of care must be established and authorized in writing by the physician based on an evaluation of the patient's immediate and long term needs. The HHA staff, and if appropriate, other professional personnel, shall have a substantial role in assessing patient needs, consulting with the physician, and helping to develop the overall plan of care.

he patient has the right, and should be encouraged, to participate in the development of the plan of care before care is started and when changes in the established plan of care are implemented. (See §484.10(c)(2).)

Section 1861(r) of the Act defines the term, "physician", to permit a podiatrist to establish and recertify an HHA patient's plan of care. The podiatrist's functions must be consistent with the HHA's policies and procedures that pertain to therapeutic activities he/she is legally authorized by the State to perform.

Form CMS-485, "Home Health Certification and Plan of Treatment", may be used as the plan of care. This form fulfills the regulatory requirements for a plan of care and may be used to evaluate compliance with this standard.

PROBES:
1- How does an HHA evaluate whether the plan of care, and the coordination of services help the patient attain and maintain his or her highest practicable functional capacity based on medical, nursing and rehabilitative needs?

2- How does the HHA monitor the delivery of services, including those provided under arrangement or contract, to ensure compliance with the specificity and frequency of services ordered in the plan of care?

3- If a range of visits is ordered, how does the HHA ensure that the frequency of visits meets the clinical needs of the patient?

FED - G0162 - PLAN OF CARE

Title PLAN OF CARE

CFR 484.18(a)

Type Standard

Regulation Definition

The therapist and other agency personnel participate in developing the plan of care.

Interpretive Guideline

A statutory change renamed the "plan of treatment" to "the plan of care." These terms are synonymous. Neither is to be confused with a nursing care plan.

The conditions do not require an HHA to either develop or maintain a nursing care plan as opposed to a medical plan of care. This does not preclude an HHA from using nursing care plans if it believes that such plans strengthen patient care management, the organization and delivery of services, and the ability to evaluate patient outcomes.

Review a case-mix, stratified sample of clinical records (see §2200B) to determine if the requirements of this standard are met.

Written HHA policies and procedures should specify that all clinical services are implemented only in accordance with a plan of care established by a physician's written orders.

Policies should also specify if the HHA:
o Accepts physician's orders on referral communicated verbally by an institution's discharge planner, nurse practitioner, physician's assistant, or other authorized staff member followed by written, signed and dated physician's orders, in order to begin HHA services as soon as possible.
o Accepts signed physician certification and recertification of plans of care, as well as signed orders changing the plan of care, by telecommunication systems ("fax"), which are filed in the clinical record.

The plan of care must be established and authorized in writing by the physician based on an evaluation of the patient's immediate and long term needs. The HHA staff, and if appropriate, other professional personnel, shall have a substantial role in assessing patient needs, consulting with the physician, and helping to develop the overall plan of care.

The patient has the right, and should be encouraged, to participate in the development of the plan of care before care is started and when changes in the established plan of care are implemented. (See §484.10(c)(2).)

Section 1861(r) of the Act defines the term, "physician", to permit a podiatrist to establish and recertify an HHA patient's plan of care. The podiatrist's functions must be consistent with the HHA's policies and procedures that pertain to therapeutic activities he/she is legally authorized by the State to perform.

Form CMS-485, "Home Health Certification and Plan of Treatment", may be used as the plan of care. This form fulfills the regulatory requirements for a plan of care and may be used to evaluate compliance with this standard.

PROBES:
1- How does an HHA evaluate whether the plan of care, and the coordination of services help the patient attain and maintain his or her highest practicable functional capacity based on medical, nursing and rehabilitative needs?

Aspen Federal Regulation Set: G 10.03 HOME HEALTH AGENCIES

2- How does the HHA monitor the delivery of services, including those provided under arrangement or contract, to ensure compliance with the specificity and frequency of services ordered in the plan of care?

3- If a range of visits is ordered, how does the HHA ensure that the frequency of visits meets the clinical needs of the patient?

FED - G0163 - PERIODIC REVIEW OF PLAN OF CARE

Title PERIODIC REVIEW OF PLAN OF CARE

CFR 484.18(b)

Type Standard

Regulation Definition

The total plan of care is reviewed by the attending physician and HHA personnel as often as the severity of the patient's condition requires, but at least once every 60 days or more frequently when there is a beneficiary elected transfer; a significant change in condition resulting in a change in the case-mix assignment; or a discharge and return to the same HHA during the same 60 day episode or more frequently when there is a beneficiary elected transfer; a significant change in condition resulting in a change in the case-mix assignment; or a discharge and return to the same HHA during the 60 day episode.

Interpretive Guideline

Changes in the patient's condition that require a change in the plan of care should be documented in the patient's clinical record.

FED - G0164 - PERIODIC REVIEW OF PLAN OF CARE

Title PERIODIC REVIEW OF PLAN OF CARE

CFR 484.18(b)

Type Standard

Regulation Definition

Agency professional staff promptly alert the physician to any

Interpretive Guideline

Changes in the patient's condition that require a change in the plan of care should be documented in the patient's

Aspen Federal Regulation Set: G 10.03 HOME HEALTH AGENCIES

changes that suggest a need to alter the plan of care.

clinical record.

FED - G0165 - CONFORMANCE WITH PHYSICIAN ORDERS

Title CONFORMANCE WITH PHYSICIAN ORDERS

CFR 484.18(c)

Type Standard

Regulation Definition

Drugs and treatments are administered by agency staff only as ordered by the physician.

Interpretive Guideline

Review HHA policies and procedures in regard to obtaining physician orders, changes in orders, and verbal orders. All physician orders must be included in the patient's clinical record. Plans of care must be signed and dated by the physician.

Verbal orders must be countersigned by the physician as soon as possible. Ask HHAs, whose pattern of obtaining signed physicians' orders exceeds the HHA's policy or State law, to clarify or explain what circumstances created the time lapse and how they are approaching a resolution to the problem.

Other designated HHA personnel who accept oral orders must be able to do so in accordance with State and Federal law and regulations and HHA policy. Oral orders must be signed and dated by the registered nurse or qualified therapist who is furnishing or supervising the ordered service and it is the RN's responsibility to make any necessary revisions to the plan of care based on that order.

All drugs and treatments ordered by the patient's physician should be recorded in the clinical record.
Over-the-counter drugs which the patient takes must be noted in the patient's record. Over-the-counter drugs should be reported to the physician only if an RN determines that they could detrimentally affect the prescribed drugs of the patient.

The label on the bottle of a prescription medication constitutes the pharmacist's transcription or documentation of the order. Such medications should be noted in the clinical record and listed on the recertification plan of care (Form CMS-485). This is consistent with acceptable standards of practice, and
Federal regulations do not have additional requirements.

Aides may help patients take drugs ordinarily self-administered by the patient, unless the State restricts this practice.

PROBES:
1- If HHA personnel identify patient sensitivity or other medication problems, what actions does the HHA require its

Aspen Federal Regulation Set: G 10.03 HOME HEALTH AGENCIES

personnel to take?

2- How does the HHA secure physicians' signatures on oral, change, or renewal orders?

3- How does the HHA ensure that oral orders are accepted, cosigned by the nurse ot therapist and countersigned by the physician appropriately?

FED - G0166 - CONFORMANCE WITH PHYSICIAN ORDERS

Title CONFORMANCE WITH PHYSICIAN ORDERS

CFR 484.18(c)

Type Standard

Regulation Definition

Verbal orders are put in writing and signed and dated with the date of receipt by the registered nurse or qualified therapist (as defined in section 484.4 of this chapter) responsible for furnishing or supervising the ordered services.

Interpretive Guideline

Review HHA policies and procedures in regard to obtaining physician orders, changes in orders, and verbal orders. All physician orders must be included in the patient's clinical record. Plans of care must be signed and dated by the physician.

Verbal orders must be countersigned by the physician as soon as possible. Ask HHAs, whose pattern of obtaining signed physicians' orders exceeds the HHA's policy or State law, to clarify or explain what circumstances created the time lapse and how they are approaching a resolution to the problem.

Other designated HHA personnel who accept oral orders must be able to do so in accordance with State and Federal law and regulations and HHA policy. Oral orders must be signed and dated by the registered nurse or qualified therapist who is furnishing or supervising the ordered service and it is the RN's responsibility to make any necessary revisions to the plan of care based on that order.

All drugs and treatments ordered by the patient's physician should be recorded in the clinical record.
Over-the-counter drugs which the patient takes must be noted in the patient's record. Over-the-counter drugs should be reported to the physician only if an RN determines that they could detrimentally affect the prescribed drugs of the patient.

The label on the bottle of a prescription medication constitutes the pharmacist's transcription or documentation of the order. Such medications should be noted in the clinical record and listed on the recertification plan of care (Form CMS-485). This is consistent with acceptable standards of practice, and Federal regulations do not have additional requirements.

Aspen Federal Regulation Set: G 10.03 HOME HEALTH AGENCIES

Aides may help patients take drugs ordinarily self-administered by the patient, unless the State restricts this practice.

PROBES:
1- If HHA personnel identify patient sensitivity or other medication problems, what actions does the HHA require its personnel to take?

2- How does the HHA secure physicians' signatures on oral, change, or renewal orders?

3- How does the HHA ensure that oral orders are accepted, cosigned by the nurse ot therapist and countersigned by the physician appropriately?

FED - G0168 - SKILLED NURSING SERVICES

Title SKILLED NURSING SERVICES

CFR 484.30

Type Condition

Regulation Definition

Interpretive Guideline

FED - G0169 - SKILLED NURSING SERVICES

Title SKILLED NURSING SERVICES

CFR 484.30

Type Standard

Regulation Definition

Interpretive Guideline

The HHA furnishes skilled nursing services by or under the supervision of a registered nurse.

Aspen Federal Regulation Set: G 10.03 HOME HEALTH AGENCIES

FED - G0170 - SKILLED NURSING SERVICES

Title SKILLED NURSING SERVICES

CFR 484.30

Type Standard

Regulation Definition	Interpretive Guideline
The HHA furnishes skilled nursing services in accordance with the plan of care.	

FED - G0171 - DUTIES OF THE REGISTERED NURSE

Title DUTIES OF THE REGISTERED NURSE

CFR 484.30(a)

Type Standard

Regulation Definition	Interpretive Guideline
The registered nurse makes the initial evaluation visit.	An RN is required to make the initial evaluation visit except in those circumstances where the physician has ordered only therapy services. If the physician orders only therapy services, it would be acceptable for the appropriate therapist (physical therapist or speech-language pathologist) to perform the initial evaluation visit. This does not mean that an HHA is precluded from having the RN perform all initial evaluation visits if the HHA believes that this promotes coordinated patient care, and/or if this is part of the HHA's own policies, procedures, and particular approach to patient care services. Review a case-mix, stratified sample of clinical records according to the HHA survey and certification process, and make home visits to determine if RNs perform their responsibilities within the State's nurse practice acts, and in compliance with the plan of care. (See §484.12(c).) See §§2200 and 2202 of the SOM. PROBE: How does the HHA confirm that services requiring specialized nursing skills are furnished by individuals with the appropriate qualifications?

Aspen Federal Regulation Set: G 10.03 HOME HEALTH AGENCIES

FED - G0172 - DUTIES OF THE REGISTERED NURSE

Title DUTIES OF THE REGISTERED NURSE

CFR 484.30(a)

Type Standard

Regulation Definition	Interpretive Guideline
The registered nurse regularly re-evaluates the patients nursing needs.	An RN is required to make the initial evaluation visit except in those circumstances where the physician has ordered only therapy services. If the physician orders only therapy services, it would be acceptable for the appropriate therapist (physical therapist or speech-language pathologist) to perform the initial evaluation visit. This does not mean that an HHA is precluded from having the RN perform all initial evaluation visits if the HHA believes that this promotes coordinated patient care, and/or if this is part of the HHA's own policies, procedures, and particular approach to patient care services. Review a case-mix, stratified sample of clinical records according to the HHA survey and certification process, and make home visits to determine if RNs perform their responsibilities within the State's nurse practice acts, and in compliance with the plan of care. (See §484.12(c).) See §§2200 and 2202 of the SOM. PROBE: How does the HHA confirm that services requiring specialized nursing skills are furnished by individuals with the appropriate qualifications?

FED - G0173 - DUTIES OF THE REGISTERED NURSE

Title DUTIES OF THE REGISTERED NURSE

CFR 484.30(a)

Type Standard

Regulation Definition	Interpretive Guideline
The registered nurse initiates the plan of care and necessary revisions.	An RN is required to make the initial evaluation visit except in those circumstances where the physician has ordered only therapy services. If the physician orders only therapy services, it would be acceptable for the appropriate

Aspen Federal Regulation Set: G 10.03 HOME HEALTH AGENCIES

therapist (physical therapist or speech-language pathologist) to perform the initial evaluation visit.

This does not mean that an HHA is precluded from having the RN perform all initial evaluation visits if the HHA believes that this promotes coordinated patient care, and/or if this is part of the HHA's own policies, procedures, and particular approach to patient care services.

Review a case-mix, stratified sample of clinical records according to the HHA survey and certification process, and make home visits to determine if RNs perform their responsibilities within the State's nurse practice acts, and in compliance with the plan of care. (See §484.12(c).) See §§2200 and 2202 of the SOM.

PROBE:
How does the HHA confirm that services requiring specialized nursing skills are furnished by individuals with the appropriate qualifications?

FED - G0174 - DUTIES OF THE REGISTERED NURSE

Title DUTIES OF THE REGISTERED NURSE

CFR 484.30(a)

Type Standard

Regulation Definition

The registered nurse furnishes those services requiring substantial and specialized nursing skill.

Interpretive Guideline

An RN is required to make the initial evaluation visit except in those circumstances where the physician has ordered only therapy services. If the physician orders only therapy services, it would be acceptable for the appropriate therapist (physical therapist or speech-language pathologist) to perform the initial evaluation visit.

This does not mean that an HHA is precluded from having the RN perform all initial evaluation visits if the HHA believes that this promotes coordinated patient care, and/or if this is part of the HHA's own policies, procedures, and particular approach to patient care services.

Review a case-mix, stratified sample of clinical records according to the HHA survey and certification process, and make home visits to determine if RNs perform their responsibilities within the State's nurse practice acts, and in compliance with the plan of care. (See §484.12(c).) See §§2200 and 2202 of the SOM.

PROBE:

Aspen Federal Regulation Set: G 10.03 HOME HEALTH AGENCIES

How does the HHA confirm that services requiring specialized nursing skills are furnished by individuals with the appropriate qualifications?

FED - G0175 - DUTIES OF THE REGISTERED NURSE

Title DUTIES OF THE REGISTERED NURSE

CFR 484.30(a)

Type Standard

Regulation Definition

The registered nurse initiates appropriate preventative and rehabilitative nursing procedures.

Interpretive Guideline

An RN is required to make the initial evaluation visit except in those circumstances where the physician has ordered only therapy services. If the physician orders only therapy services, it would be acceptable for the appropriate therapist (physical therapist or speech-language pathologist) to perform the initial evaluation visit.

This does not mean that an HHA is precluded from having the RN perform all initial evaluation visits if the HHA believes that this promotes coordinated patient care, and/or if this is part of the HHA's own policies, procedures, and particular approach to patient care services.

Review a case-mix, stratified sample of clinical records according to the HHA survey and certification process, and make home visits to determine if RNs perform their responsibilities within the State's nurse practice acts, and in compliance with the plan of care. (See §484.12(c).) See §§2200 and 2202 of the SOM.

PROBE:
How does the HHA confirm that services requiring specialized nursing skills are furnished by individuals with the appropriate qualifications?

FED - G0176 - DUTIES OF THE REGISTERED NURSE

Title DUTIES OF THE REGISTERED NURSE

CFR 484.30(a)

Type Standard

Aspen Federal Regulation Set: G 10.03 HOME HEALTH AGENCIES

Regulation Definition	Interpretive Guideline
The registered nurse prepares clinical and progress notes, coordinates services, informs the physician and other personnel of changes in the patient's condition and needs.	An RN is required to make the initial evaluation visit except in those circumstances where the physician has ordered only therapy services. If the physician orders only therapy services, it would be acceptable for the appropriate therapist (physical therapist or speech-language pathologist) to perform the initial evaluation visit. This does not mean that an HHA is precluded from having the RN perform all initial evaluation visits if the HHA believes that this promotes coordinated patient care, and/or if this is part of the HHA's own policies, procedures, and particular approach to patient care services. Review a case-mix, stratified sample of clinical records according to the HHA survey and certification process, and make home visits to determine if RNs perform their responsibilities within the State's nurse practice acts, and in compliance with the plan of care. (See §484.12(c).) See §§2200 and 2202 of the SOM. PROBE: How does the HHA confirm that services requiring specialized nursing skills are furnished by individuals with the appropriate qualifications?

FED - G0177 - DUTIES OF THE REGISTERED NURSE

Title DUTIES OF THE REGISTERED NURSE

CFR 484.30(a)

Type Standard

Regulation Definition	Interpretive Guideline
The registered nurse counsels the patient and family in meeting nursing and related needs.	An RN is required to make the initial evaluation visit except in those circumstances where the physician has ordered only therapy services. If the physician orders only therapy services, it would be acceptable for the appropriate therapist (physical therapist or speech-language pathologist) to perform the initial evaluation visit. This does not mean that an HHA is precluded from having the RN perform all initial evaluation visits if the HHA believes that this promotes coordinated patient care, and/or if this is part of the HHA's own policies, procedures, and particular approach to patient care services.

Aspen Federal Regulation Set: G 10.03 HOME HEALTH AGENCIES

Review a case-mix, stratified sample of clinical records according to the HHA survey and certification process, and make home visits to determine if RNs perform their responsibilities within the State's nurse practice acts, and in compliance with the plan of care. (See §484.12(c).) See §§2200 and 2202 of the SOM.

PROBE:
How does the HHA confirm that services requiring specialized nursing skills are furnished by individuals with the appropriate qualifications?

FED - G0178 - DUTIES OF THE REGISTERED NURSE

Title DUTIES OF THE REGISTERED NURSE

CFR 484.30(a)

Type Standard

Regulation Definition

The registered nurse participates in in-service programs, and supervises and teaches other nursing personnel.

Interpretive Guideline

An RN is required to make the initial evaluation visit except in those circumstances where the physician has ordered only therapy services. If the physician orders only therapy services, it would be acceptable for the appropriate therapist (physical therapist or speech-language pathologist) to perform the initial evaluation visit.

This does not mean that an HHA is precluded from having the RN perform all initial evaluation visits if the HHA believes that this promotes coordinated patient care, and/or if this is part of the HHA's own policies, procedures, and particular approach to patient care services.

Review a case-mix, stratified sample of clinical records according to the HHA survey and certification process, and make home visits to determine if RNs perform their responsibilities within the State's nurse practice acts, and in compliance with the plan of care. (See §484.12(c).) See §§2200 and 2202 of the SOM.

PROBE:
How does the HHA confirm that services requiring specialized nursing skills are furnished by individuals with the appropriate qualifications?

Aspen Federal Regulation Set: G 10.03 HOME HEALTH AGENCIES

FED - G0179 - DUTIES OF THE LICENSED PRACTICAL NURSE

Title DUTIES OF THE LICENSED PRACTICAL NURSE

CFR 484.30(b)

Type Standard

Regulation Definition	Interpretive Guideline
The licensed practical nurse furnishes services in accordance with agency policy.	Determine if services are provided in accordance with the HHA's professional practice standards and with guidance and supervision from RNs. Make the same comparisons set forth in the §484.30(a) probe when reviewing duties of the LPN.

FED - G0180 - DUTIES OF THE LICENSED PRACTICAL NURSE

Title DUTIES OF THE LICENSED PRACTICAL NURSE

CFR 484.30(b)

Type Standard

Regulation Definition	Interpretive Guideline
The licensed practical nurse prepares clinical and progress notes.	Determine if services are provided in accordance with the HHA's professional practice standards and with guidance and supervision from RNs. Make the same comparisons set forth in the §484.30(a) probe when reviewing duties of the LPN.

FED - G0181 - DUTIES OF THE LICENSED PRACTICAL NURSE

Title DUTIES OF THE LICENSED PRACTICAL NURSE

CFR 484.30(b)

Type Standard

Regulation Definition	Interpretive Guideline
The licensed practical nurse assists the physician and registered nurse in performing specialized procedures.	Determine if services are provided in accordance with the HHA's professional practice standards and with guidance and supervision from RNs. Make the same comparisons set forth in the §484.30(a) probe when reviewing duties of

Aspen Federal Regulation Set: G 10.03 HOME HEALTH AGENCIES

the LPN.

FED - G0182 - DUTIES OF THE LICENSED PRACTICAL NURSE

Title DUTIES OF THE LICENSED PRACTICAL NURSE

CFR 484.30(b)

Type Standard

Regulation Definition	Interpretive Guideline
The licensed practical nurse prepares equipment and materials for treatments, observing aseptic technique as required.	Determine if services are provided in accordance with the HHA's professional practice standards and with guidance and supervision from RNs. Make the same comparisons set forth in the §484.30(a) probe when reviewing duties of the LPN.

FED - G0183 - DUTIES OF THE LICENSED PRACTICAL NURSE

Title DUTIES OF THE LICENSED PRACTICAL NURSE

CFR 484.30(b)

Type Standard

Regulation Definition	Interpretive Guideline
The licensed practical nurse assists the patient in learning appropriate self-care techniques.	Determine if services are provided in accordance with the HHA's professional practice standards and with guidance and supervision from RNs. Make the same comparisons set forth in the §484.30(a) probe when reviewing duties of the LPN.

FED - G0184 - THERAPY SERVICES

Title THERAPY SERVICES

CFR 484.32

Type Condition

Regulation Definition	Interpretive Guideline

Aspen Federal Regulation Set: G 10.03 HOME HEALTH AGENCIES

FED - G0185 - THERAPY SERVICES

Title THERAPY SERVICES

CFR 484.32

Type Standard

Regulation Definition	Interpretive Guideline
Any therapy services offered by the HHA directly or under arrangement are given by a qualified therapist or by a qualified therapy assistant under the supervision of a qualified therapist and in accordance with the plan of care.	PROBES: 1- How does the HHA ensure that therapy services furnished by staff under arrangement or contract meet the requirements of this condition? 2- Are patient recordings in the clinical record current, describing responses to therapy? 3- How does the HHA coordinate therapy services with other skilled services to complete the plan of care and promote positive therapeutic outcomes?

FED - G0186 - THERAPY SERVICES

Title THERAPY SERVICES

CFR 484.32

Type Standard

Regulation Definition	Interpretive Guideline
The qualified therapist assists the physician in evaluating the patient's level of function, and helps develop the plan of care (revising it as necessary.)	PROBES: 1- How does the HHA ensure that therapy services furnished by staff under arrangement or contract meet the requirements of this condition? 2- Are patient recordings in the clinical record current, describing responses to therapy? 3- How does the HHA coordinate therapy services with other skilled services to complete the plan of care and promote positive therapeutic outcomes?

Aspen Federal Regulation Set: G 10.03 HOME HEALTH AGENCIES

FED - G0187 - THERAPY SERVICES

Title THERAPY SERVICES

CFR 484.32

Type Standard

Regulation Definition	Interpretive Guideline
The qualified therapist prepares clinical and progress notes.	PROBES: 1- How does the HHA ensure that therapy services furnished by staff under arrangement or contract meet the requirements of this condition? 2- Are patient recordings in the clinical record current, describing responses to therapy? 3- How does the HHA coordinate therapy services with other skilled services to complete the plan of care and promote positive therapeutic outcomes?

FED - G0188 - THERAPY SERVICES

Title THERAPY SERVICES

CFR 484.32

Type Standard

Regulation Definition	Interpretive Guideline
The qualified therapist advises and consults with the family and other agency personnel.	PROBES: 1- How does the HHA ensure that therapy services furnished by staff under arrangement or contract meet the requirements of this condition? 2- Are patient recordings in the clinical record current, describing responses to therapy? 3- How does the HHA coordinate therapy services with other skilled services to complete the plan of care and promote positive therapeutic outcomes?

Aspen Federal Regulation Set: G 10.03 HOME HEALTH AGENCIES

FED - G0189 - THERAPY SERVICES

Title THERAPY SERVICES

CFR 484.32

Type Standard

Regulation Definition	Interpretive Guideline
The qualified therapist participates in in-service programs.	PROBES: 1- How does the HHA ensure that therapy services furnished by staff under arrangement or contract meet the requirements of this condition? 2- Are patient recordings in the clinical record current, describing responses to therapy? 3- How does the HHA coordinate therapy services with other skilled services to complete the plan of care and promote positive therapeutic outcomes?

FED - G0190 - SUPERVISION OF PHYSICAL & OCCUPATIONAL

Title SUPERVISION OF PHYSICAL & OCCUPATIONAL

CFR 484.32(a)

Type Standard

Regulation Definition	Interpretive Guideline
Services furnished by a qualified physical therapy assistant or qualified occupational therapy assistant may be furnished under the supervision of a qualified physical or occupational therapist. A physical therapy assistant or occupational therapy assistant performs services planned, delegated, and supervised by the therapist.	Specific instructions for assistants must be based on treatments prescribed in the plan of care, patient evaluations by the therapist, and accepted standards of professional practice. The therapist evaluates the effectiveness of the services furnished by the assistant. Documentation in the clinical record should show that communication and supervision exist between the assistant and therapist about the patient's condition, the patient's response to services furnished by the assistant, and the need to change the plan of care. PROBES: 1- How does the therapist evaluate the patient's needs and responses to services furnished by the assistant to measure

Aspen Federal Regulation Set: G 10.03 HOME HEALTH AGENCIES

the patient's progress in achieving the anticipated outcomes?

2- How does the HHA ensure that plans of care are initiated by the assistant only with appropriate supervision by the therapist when therapy services are provided under arrangement or contract?

3- What kinds of in-service programs have the therapist and assistant participated in during the past year? Who provides them?

FED - G0191 - SUPERVISION OF PHYSICAL & OCCUPATIONAL

Title SUPERVISION OF PHYSICAL & OCCUPATIONAL

CFR 484.32(a)

Type Standard

Regulation Definition

A physical therapy assistant or occupational therapy assistant assists in preparing clinical notes and progress reports.

Interpretive Guideline

Specific instructions for assistants must be based on treatments prescribed in the plan of care, patient evaluations by the therapist, and accepted standards of professional practice. The therapist evaluates the effectiveness of the services furnished by the assistant.

Documentation in the clinical record should show that communication and supervision exist between the assistant and therapist about the patient's condition, the patient's response to services furnished by the assistant, and the need to change the plan of care.

PROBES:
1- How does the therapist evaluate the patient's needs and responses to services furnished by the assistant to measure the patient's progress in achieving the anticipated outcomes?

2- How does the HHA ensure that plans of care are initiated by the assistant only with appropriate supervision by the therapist when therapy services are provided under arrangement or contract?

3- What kinds of in-service programs have the therapist and assistant participated in during the past year? Who provides them?

Aspen Federal Regulation Set: G 10.03 HOME HEALTH AGENCIES

FED - G0192 - SUPERVISION OF PHYSICAL & OCCUPATIONAL

Title SUPERVISION OF PHYSICAL & OCCUPATIONAL

CFR 484.32(a)

Type Standard

Regulation Definition

A physical therapy assistant or occupational therapy assistant participates in educating the patient and family, and in in-service programs.

Interpretive Guideline

Specific instructions for assistants must be based on treatments prescribed in the plan of care, patient evaluations by the therapist, and accepted standards of professional practice. The therapist evaluates the effectiveness of the services furnished by the assistant.

Documentation in the clinical record should show that communication and supervision exist between the assistant and therapist about the patient's condition, the patient's response to services furnished by the assistant, and the need to change the plan of care.

PROBES:
1- How does the therapist evaluate the patient's needs and responses to services furnished by the assistant to measure the patient's progress in achieving the anticipated outcomes?

2- How does the HHA ensure that plans of care are initiated by the assistant only with appropriate supervision by the therapist when therapy services are provided under arrangement or contract?

3- What kinds of in-service programs have the therapist and assistant participated in during the past year? Who provides them?

FED - G0193 - SUPERVISION OF SPEECH THERAPY SERVICES

Title SUPERVISION OF SPEECH THERAPY SERVICES

CFR 484.32(b)

Type Standard

Regulation Definition

Speech therapy services are furnished only by or under the

Interpretive Guideline

PROBE:

Aspen Federal Regulation Set: G 10.03 HOME HEALTH AGENCIES

supervision of a qualified speech-language pathologist or audiologist.

How does the HHA confirm that speech therapy services provided under arrangement or contract, meet the requirements of this condition?

FED - G0194 - MEDICAL SOCIAL SERVICES

Title MEDICAL SOCIAL SERVICES

CFR 484.34

Type Condition

Regulation Definition

Interpretive Guideline

Medical social services, when required by the plan of care, must be available on a visiting, not consultative, basis in a patient's place of residence.

Either the social worker or a social work assistant may make the initial visit to the HHA patient. Information gathered during the home visit is reviewed by the social worker who makes suggestions to the physician for additions to the plan of care.

The social worker may provide the patient with approved professional services or assign the care to the assistant, providing supervision as required. (See §484.2.)

PROBE:
How does the HHA confirm that patients' social service needs are adequately met, including those services provided under arrangement or contract?

FED - G0195 - MEDICAL SOCIAL SERVICES

Title MEDICAL SOCIAL SERVICES

CFR 484.34

Type Standard

Regulation Definition

Interpretive Guideline

If the agency furnishes medical social services, those services are given by a qualified social worker or by a qualified social work assistant under the supervision of a qualified social

Medical social services, when required by the plan of care, must be available on a visiting, not consultative, basis in a patient's place of residence.

Aspen Federal Regulation Set: G 10.03 HOME HEALTH AGENCIES

worker, and in accordance with the plan of care. The social worker assists the physician and other team members in understanding the significant social and emotional factors related to the health problems.

Either the social worker or a social work assistant may make the initial visit to the HHA patient. Information gathered during the home visit is reviewed by the social worker who makes suggestions to the physician for additions to the plan of care.

The social worker may provide the patient with approved professional services or assign the care to the assistant, providing supervision as required. (See §484.2.)

PROBE:
How does the HHA confirm that patients' social service needs are adequately met, including those services provided under arrangement or contract?

FED - G0196 - MEDICAL SOCIAL SERVICES

Title MEDICAL SOCIAL SERVICES

CFR 484.34

Type Standard

Regulation Definition

The social worker participates in the development of the plan of care.

Interpretive Guideline

Medical social services, when required by the plan of care, must be available on a visiting, not consultative, basis in a patient's place of residence.

Either the social worker or a social work assistant may make the initial visit to the HHA patient. Information gathered during the home visit is reviewed by the social worker who makes suggestions to the physician for additions to the plan of care.

The social worker may provide the patient with approved professional services or assign the care to the assistant, providing supervision as required. (See §484.2.)

PROBE:
How does the HHA confirm that patients' social service needs are adequately met, including those services provided under arrangement or contract?

Aspen Federal Regulation Set: G 10.03 HOME HEALTH AGENCIES

FED - G0197 - MEDICAL SOCIAL SERVICES

Title MEDICAL SOCIAL SERVICES

CFR 484.34

Type Standard

Regulation Definition	Interpretive Guideline
The social worker prepares clinical and progress notes.	Medical social services, when required by the plan of care, must be available on a visiting, not consultative, basis in a patient's place of residence. Either the social worker or a social work assistant may make the initial visit to the HHA patient. Information gathered during the home visit is reviewed by the social worker who makes suggestions to the physician for additions to the plan of care. The social worker may provide the patient with approved professional services or assign the care to the assistant, providing supervision as required. (See §484.2.) PROBE: How does the HHA confirm that patients' social service needs are adequately met, including those services provided under arrangement or contract?

FED - G0198 - MEDICAL SOCIAL SERVICES

Title MEDICAL SOCIAL SERVICES

CFR 484.34

Type Standard

Regulation Definition	Interpretive Guideline
The social worker works with the family.	Medical social services, when required by the plan of care, must be available on a visiting, not consultative, basis in a patient's place of residence. Either the social worker or a social work assistant may make the initial visit to the HHA patient. Information gathered during the home visit is reviewed by the social worker who makes suggestions to the physician for additions

Aspen Federal Regulation Set: G 10.03 HOME HEALTH AGENCIES

to the plan of care.

The social worker may provide the patient with approved professional services or assign the care to the assistant, providing supervision as required. (See §484.2.)

PROBE:
How does the HHA confirm that patients' social service needs are adequately met, including those services provided under arrangement or contract?

FED - G0199 - MEDICAL SOCIAL SERVICES

Title MEDICAL SOCIAL SERVICES

CFR 484.34

Type Standard

Regulation Definition	Interpretive Guideline
The social worker uses appropriate community resources.	Medical social services, when required by the plan of care, must be available on a visiting, not consultative, basis in a patient's place of residence. Either the social worker or a social work assistant may make the initial visit to the HHA patient. Information gathered during the home visit is reviewed by the social worker who makes suggestions to the physician for additions to the plan of care. The social worker may provide the patient with approved professional services or assign the care to the assistant, providing supervision as required. (See §484.2.) PROBE: How does the HHA confirm that patients' social service needs are adequately met, including those services provided under arrangement or contract?

Aspen Federal Regulation Set: G 10.03 HOME HEALTH AGENCIES

FED - G0200 - MEDICAL SOCIAL SERVICES

Title MEDICAL SOCIAL SERVICES

CFR 484.34

Type Standard

Regulation Definition	Interpretive Guideline
The social worker participates in discharge planning and in in-service programs.	Medical social services, when required by the plan of care, must be available on a visiting, not consultative, basis in a patient's place of residence. Either the social worker or a social work assistant may make the initial visit to the HHA patient. Information gathered during the home visit is reviewed by the social worker who makes suggestions to the physician for additions to the plan of care. The social worker may provide the patient with approved professional services or assign the care to the assistant, providing supervision as required. (See §484.2.) PROBE: How does the HHA confirm that patients' social service needs are adequately met, including those services provided under arrangement or contract?

FED - G0201 - MEDICAL SOCIAL SERVICES

Title MEDICAL SOCIAL SERVICES

CFR 484.34

Type Standard

Regulation Definition	Interpretive Guideline
The social worker acts as a consultant to other agency personnel.	

Aspen Federal Regulation Set: G 10.03 HOME HEALTH AGENCIES

FED - G0202 - HOME HEALTH AIDE SERVICES

Title HOME HEALTH AIDE SERVICES

CFR 484.36

Type Condition

Regulation Definition

Interpretive Guideline

CMS has identified the requirements that a home health aide training program and competency evaluation program or competency evaluation program must have for individuals to qualify as home health aides in a Medicare participating HHA. CMS does not intend to provide any additional procedures or further elaboration concerning skills in which aides must become proficient beyond the subject areas identified. It is the responsibility of the HHA to ensure that aides are proficient to carry out the patient care they are assigned, in a safe, effective, and efficient manner.

The HHA is responsible for ensuring that home health aides used by the HHA meet the provisions of §484.4 and §484.36. This includes home health aides trained and evaluated by other HHAs or other organizations, and those hired by the HHA under an arrangement as well as those who are employed by the HHA. While CMS will not establish a national program to approve each home health aide training and competency evaluation program, a sample of home health aides used by a particular HHA will have their files reviewed for documentation of compliance with the training and competency evaluation or competency evaluation requirements during a standard and/or partial extended or extended survey of the HHA.

If the HHA has been out of compliance with a Condition of Participation, it may not provide its own 75 hour training program, its initial training and competency evaluation, or the competency evaluation for its aides to meet the requirements of §§484.36(a) and (b).

With the exception of licensed health professionals and volunteers, home health aide training and competency evaluation or competency evaluation requirements apply to all individuals who are employed by or work under contract with a Medicare-certified HHA and who provide "hands-on" patient
care services regardless of the title of the individual. It is the FUNCTION of the aide that determines the need for training and competency evaluation or competency evaluation.

As discussed in general guidelines, all Conditions of Participation apply to a Medicare certified HHA as an entity and to all individuals or patients under the HHA's care. (See §§1861(m), 1861(o)(3) and 1891(a)(1) of the Social Security Act.)

Aspen Federal Regulation Set: G 10.03 HOME HEALTH AGENCIES

FED - G0203 - HOME HEALTH AIDE SERVICES

Title HOME HEALTH AIDE SERVICES

CFR 484.36(a)

Type Standard

Regulation Definition	Interpretive Guideline
Home health aides are selected on the basis of such factors as a sympathetic attitude toward the care of the sick, ability to read, write, and carry out directions, and maturity and ability to deal effectively with the demands of the job. They are closely supervised to ensure their competence in providing care. For home health services furnished (either directly or through arrangements with other organizations) after August 14, 1990, the HHA must use individuals who meet the personnel qualifications specified in §484.4 for "home health aide".	Classroom and supervised practical training should be based on an instruction plan that includes learning objectives, clinical content, and minimum, acceptable performance standards that meet the requirements of the regulation. A mannequin may be used for training purposes only.

FED - G0204 - HHA TRAINING - CONTENT & DURATION

Title HHA TRAINING - CONTENT & DURATION

CFR 484.36(a)(1)

Type Standard

Regulation Definition	Interpretive Guideline
The aide training program must address each of the following subject areas through classroom and supervised practical training totalling at least 75 hours, with at least 16 hours devoted to supervised practical training.	Classroom and supervised practical training should be based on an instruction plan that includes learning objectives, clinical content, and minimum, acceptable performance standards that meet the requirements of the regulation. A mannequin may be used for training purposes only.

Aspen Federal Regulation Set: G 10.03 HOME HEALTH AGENCIES

FED - G0205 - HHA TRAINING - CONTENT & DURATION

Title HHA TRAINING - CONTENT & DURATION

CFR 484.36(a)(1)

Type Standard

Regulation Definition	Interpretive Guideline
The individual aide being trained must complete at least 16 hours of classroom training before beginning the supervised practical training.	Classroom and supervised practical training should be based on an instruction plan that includes learning objectives, clinical content, and minimum, acceptable performance standards that meet the requirements of the regulation. A mannequin may be used for training purposes only.

FED - G0206 - HHA TRAINING - CONTENT AND DURATION

Title HHA TRAINING - CONTENT AND DURATION

CFR 484.36(a)(1)

Type Standard

Regulation Definition	Interpretive Guideline
The home health aide must complete training in: - Communications skills. - Observation, reporting and documentation of patient status and the care or service furnished. - Reading and recording temperature, pulse, and respiration. - Basic infection control procedures. - Basic elements of body functioning and changes in body function that must be reported to an aide's supervisor. - Maintenance of a clean, safe, and healthy environment. - Recognizing emergencies and knowledge of emergency procedures. - The physical, emotional, and developmental needs of and ways to work with the populations served by the HHA,	"Requirement" means non-compliance with a condition level deficiency. Effective February 14, 1990, an HHA must not have had any Condition of Participation out of compliance within 24 months before it begins a training and competency evaluation or competency evaluation program. Correction of a condition level deficiency does not relieve the 2-year restriction identified in this standard. Nothing in this standard precludes an HHA that has a condition out of compliance from hiring or contracting for aides who have already completed a training and competency evaluation or competency evaluation program, or arranging for aides to attend a training and competency evaluation or competency evaluation program provided by another entity. If a partial extended or extended survey is conducted, but substandard care (a condition out of compliance) is not found, the HHA would not be precluded from offering its own aide training and/or competency evaluation program.

Aspen Federal Regulation Set: G 10.03 HOME HEALTH AGENCIES

including the need for respect for the patient, his or her privacy and his or her property.

Appropriate and safe techniques in personal hygiene and grooming that include--
- Bed bath.
- Sponge, tub, or shower bath.
- Shampoo, sink, tub, or bed.
- Nail and skin care.
- Oral hygiene.
- Toileting and elimination.
- Safe transfer techniques and ambulation.
- Normal range of motion and positioning.
- Adequate nutrition and fluid intake.

Any other task that the HHA may choose to have the home health aide perform.

"Supervised practical training" means training in a laboratory or other setting in which the trainee demonstrates knowledge while performing tasks on an individual under the direct supervision of a registered nurse or licensed practical nurse.

If an HHA, while conducting its own training and competency evaluation program or competency evaluation program, has either a standard, partial extended or extended survey in which it is found to be out of compliance with a Condition of Participation, it may complete that training and competency evaluation program or competency evaluation program for aides currently enrolled, but it may not accept new candidates into the program or begin a new program, for 2 years after receiving written notice from the RO that the HHA was out of compliance with one or more Conditions of Participation.

FED - G0207 - HHA TRAINING - CONDUCT

Title HHA TRAINING - CONDUCT

CFR 484.36(a)(2)

Type Standard

Regulation Definition

A home health aide training program may be offered by any organization except an HHA that, within the previous two years, has been found:
- Out of compliance with requirements of this paragraph (a) or paragraph (b) of this section
- To permit an individual that does not meet the definition of

Interpretive Guideline

The required 2 years of nursing experience for the instructor should be "hands on" clinical experience such as providing care and/or supervising nursing services or teaching nursing skills in an organized curriculum or in-service program.

"Other individuals" who may help with aide training would include health care professionals such as physical therapists, occupational therapists, medical social workers, and speech-language pathologists. Experienced aides,

Aspen Federal Regulation Set: G 10.03 HOME HEALTH AGENCIES

"home health aide" as specified in §484.4 to furnish home health aide services (with the exception of licensed health professionals and volunteers)
- Has been subject to an extended (or partial extended) survey as a result of having been found to have furnished substandard care (or for other reasons at the discretion of CMS or the State)
- Has been assessed a civil monetary penalty of not less than $5,000 as an intermediate sanction
- Has been found to have compliance deficiencies that endanger the health and safety of the HHA's patients and has had a temporary management appointed to oversee the management of the HHA
- Has had all or part of its Medicare payments suspended

Further, under any Federal or State law within the 2-year period beginning on October 1, 1988:
- Has had its participation in the Medicare program terminated
- Has been assessed a penalty of not less than $5,000 for deficiencies in Federal or State standards for HHAs
- Was subject to a suspension of Medicare payments to which it otherwise would have been entitled;
- Had operated under a temporary management that was appointed to oversee the operation of the HHA and to ensure the health and safety of the HHA's patients
- Was closed or had its residents transferred by the State.

FED - G0208 - HHA TRAINING - CONDUCT

Title HHA TRAINING - CONDUCT

CFR 484.36(a)(2)

Type Standard

Regulation Definition

The training of home health aides and the supervision of home health aides during the supervised practical portion of the

Interpretive Guideline

The required 2 years of nursing experience for the instructor should be "hands on" clinical experience such as providing care and/or supervising nursing services or teaching nursing skills in an organized curriculum or in-service nutritionists, pharmacists, lawyers and consumers might also be teaching resources.

Aspen Federal Regulation Set: G 10.03 HOME HEALTH AGENCIES

training must be performed by or under the general supervision of a registered nurse who possesses a minimum of two years nursing experience, at least 1 year of which must be in the the provision of home health care.

program.

"Other individuals" who may help with aide training would include health care professionals such as physical therapists, occupational therapists, medical social workers, and speech-language pathologists. Experienced aides, nutritionists, pharmacists, lawyers and consumers might also be teaching resources.

FED - G0209 - HHA TRAINING - CONDUCT

Title HHA TRAINING - CONDUCT

CFR 484.36(a)(2)

Type Standard

Regulation Definition

Other individuals may be used to provide instruction under the supervision of a qualified registered nurse.

Interpretive Guideline

It is the responsibility of the HHA to maintain adequate documentation of compliance with the regulation for home health aides employed by or under contract with the HHA.

A home health aide may receive training from different organizations if the amount of training totals 75 hours, the content of training addresses all subjects listed at §484.36(a) and the organization, training, instructors, and documentation meet the requirements of the regulation.

Documentation of training should include:
o A description of the training/competency evaluation program, including the qualifications of the instructors;
o A record that distinguishes between skills taught at a patient's bedside, with supervision, and those taught in a laboratory using a volunteer or "pseudo-patient," (not a mannequin) and indicators of which skills each aide was judged to be competent; and
o How additional skills (beyond the basic skills listed in the regulation) are taught and tested if the admission policies and case-mix of HHA patients require aides to perform more complex procedures.

FED - G0210 - HHA TRAINING - DOCUMENTATION

Title HHA TRAINING - DOCUMENTATION

CFR 484.36(a)(3)

Type Standard

Aspen Federal Regulation Set: G 10.03 HOME HEALTH AGENCIES

Regulation Definition	Interpretive Guideline
The HHA must maintain sufficient documentation to demonstrate that the requirements of this standard are met.	The HHA must ensure that skills learned or tested elsewhere can be transferred successfully to the care of the patient in his/her place of residence. The HHA should give careful attention to evaluating both employees and aides who provide services under arrangement or contract. This review of skills could be done when the nurse installs an aide into a new patient care situation, during a supervisory visit, or as part of the annual performance review. A mannequin may not be used for this evaluation. If the HHA's admission policies and the case-mix of HHA patients demand that the aide care for individuals whose personal care and basic nursing or therapy needs require more complex training than the minimum required in the regulation, the HHA must document how these additional skills are taught and tested. PROBE: If aide services are provided under arrangement or contract, how does the HHA ensure that aides providing patient care have the appropriate competency skills?

FED - G0211 - COMPETENCY EVALUATION & IN-SERVICE TRAI

Title COMPETENCY EVALUATION & IN-SERVICE TRAI
CFR 484.36(b)(1)

Type Standard

Regulation Definition	Interpretive Guideline
An individual may furnish home health aide services on behalf of an HHA only after that individual has successfully completed a competency evaluation program as described in this paragraph.	The HHA must ensure that skills learned or tested elsewhere can be transferred successfully to the care of the patient in his/her place of residence. The HHA should give careful attention to evaluating both employees and aides who provide services under arrangement or contract. This review of skills could be done when the nurse installs an aide into a new patient care situation, during a supervisory visit, or as part of the annual performance review. A mannequin may not be used for this evaluation. If the HHA's admission policies and the case-mix of HHA patients demand that the aide care for individuals whose personal care and basic nursing or therapy needs require more complex training than the minimum required in the regulation, the HHA must document how these additional skills are taught and tested. PROBE: If aide services are provided under arrangement or contract, how does the HHA ensure that aides providing patient

Aspen Federal Regulation Set: G 10.03 HOME HEALTH AGENCIES

care have the appropriate competency skills?

FED - G0212 - COMPETENCY EVALUATION & IN-SERVICE TRAI

Title COMPETENCY EVALUATION & IN-SERVICE TRAI
CFR 484.36(b)(1)

Type Standard

Regulation Definition

The HHA is responsible for ensuring that the individuals who furnish home health aide services on its behalf meet the competency evaluation requirements of this section.

Interpretive Guideline

HHAs are not required to conduct a yearly competency evaluation of its aides, but are required to do a performance review of each aide at least every 12 months.

HHAs that are precluded from conducting their own training and/or competency evaluation programs must still complete their aides' annual performance reviews and in-service training as part of their administrative, personnel and patient care responsibilities.

An annual performance review may be completed and documented over a period of time during an aide's two-week supervisory visits in a patient's home or during the installation of an aide in a new patient care situation. Any reasonable performance review method that is logical and consistent with the HHA's policies and procedures would meet the intent of this standard.

Home health aide in-service training, that occurs with a patient in a place of residence, supervised by an RN, can occur as part of the two-week supervisory visit, but must be documented as to the exact new skill or theory taught. In-service training taught in the patient's environment should not be a repetition of a basic skill or part of the annual performance review of the aide's competency in basic skills.

HHAs may fulfill the annual 12-hour in-service training requirement on either a calendar year basis or an employment anniversary basis.

PROBE:
If aide services are provided under arrangement or contract, how does the HHA ensure that aides providing patient care have the appropriate competency skills?

Aspen Federal Regulation Set: G 10.03 HOME HEALTH AGENCIES

FED - G0213 - COMPETENCY EVALUATION & IN-SERVICE TRAI

Title COMPETENCY EVALUATION & IN-SERVICE TRAI
CFR 484.36(b)(2)(i)

Type Standard

Regulation Definition

The competency evaluation must address each of the subjects listed in paragraphs (a)(1)(ii) through (xiii) of this section.

Interpretive Guideline

HHAs are not required to conduct a yearly competency evaluation of its aides, but are required to do a performance review of each aide at least every 12 months.

HHAs that are precluded from conducting their own training and/or competency evaluation programs must still complete their aides' annual performance reviews and in-service training as part of their administrative, personnel and patient care responsibilities.

An annual performance review may be completed and documented over a period of time during an aide's two-week supervisory visits in a patient's home or during the installation of an aide in a new patient care situation. Any reasonable performance review method that is logical and consistent with the HHA's policies and procedures would meet the intent of this standard.

Home health aide in-service training, that occurs with a patient in a place of residence, supervised by an RN, can occur as part of the two-week supervisory visit, but must be documented as to the exact new skill or theory taught. In-service training taught in the patient's environment should not be a repetition of a basic skill or part of the annual performance review of the aide's competency in basic skills.

HHAs may fulfill the annual 12-hour in-service training requirement on either a calendar year basis or an employment anniversary basis.

PROBE:
If aide services are provided under arrangement or contract, how does the HHA ensure that aides providing patient care have the appropriate competency skills?

Aspen Federal Regulation Set: G 10.03 HOME HEALTH AGENCIES

FED - G0214 - COMPETENCY EVALUATION & IN-SERVICE TRAI

Title COMPETENCY EVALUATION & IN-SERVICE TRAI
CFR 484.36(b)(2)(ii)

Type Standard

Regulation Definition

The HHA must complete a performance review of each home health aide no less frequently than every 12 months.

Interpretive Guideline

HHAs are not required to conduct a yearly competency evaluation of its aides, but are required to do a performance review of each aide at least every 12 months.

HHAs that are precluded from conducting their own training and/or competency evaluation programs must still complete their aides' annual performance reviews and in-service training as part of their administrative, personnel and patient care responsibilities.

An annual performance review may be completed and documented over a period of time during an aide's two-week supervisory visits in a patient's home or during the installation of an aide in a new patient care situation. Any reasonable performance review method that is logical and consistent with the HHA's policies and procedures would meet the intent of this standard.

Home health aide in-service training, that occurs with a patient in a place of residence, supervised by an RN, can occur as part of the two-week supervisory visit, but must be documented as to the exact new skill or theory taught. In-service training taught in the patient's environment should not be a repetition of a basic skill or part of the annual performance review of the aide's competency in basic skills.

HHAs may fulfill the annual 12-hour in-service training requirement on either a calendar year basis or an employment anniversary basis.

PROBE:
If aide services are provided under arrangement or contract, how does the HHA ensure that aides providing patient care have the appropriate competency skills?

Aspen Federal Regulation Set: G 10.03 HOME HEALTH AGENCIES

FED - G0215 - COMPETENCY EVALUATION & IN-SERVICE TRAI

Title COMPETENCY EVALUATION & IN-SERVICE TRAI
CFR 484.36(b)(2)(iii)

Type Standard

Regulation Definition

The home health aide must receive at least 12 hours of in-service training during each 12 month period. The in-service training may be furnished while the aide is furnishing care to the patient.

Interpretive Guideline

HHAs are not required to conduct a yearly competency evaluation of its aides, but are required to do a performance review of each aide at least every 12 months.

HHAs that are precluded from conducting their own training and/or competency evaluation programs must still complete their aides' annual performance reviews and in-service training as part of their administrative, personnel and patient care responsibilities.

An annual performance review may be completed and documented over a period of time during an aide's two-week supervisory visits in a patient's home or during the installation of an aide in a new patient care situation. Any reasonable performance review method that is logical and consistent with the HHA's policies and procedures would meet the intent of this standard.

Home health aide in-service training, that occurs with a patient in a place of residence, supervised by an RN, can occur as part of the two-week supervisory visit, but must be documented as to the exact new skill or theory taught. In-service training taught in the patient's environment should not be a repetition of a basic skill or part of the annual performance review of the aide's competency in basic skills.

HHAs may fulfill the annual 12-hour in-service training requirement on either a calendar year basis or an employment anniversary basis.

PROBE:
If aide services are provided under arrangement or contract, how does the HHA ensure that aides providing patient care have the appropriate competency skills?

Aspen Federal Regulation Set: G 10.03 HOME HEALTH AGENCIES

FED - G0216 - COMPETENCY EVALUATION & IN-SERVICE TRAI

Title COMPETENCY EVALUATION & IN-SERVICE TRAI
CFR 484.36(b)(3)(i)

Type Standard

Regulation Definition

A home health aide competency evaluation program may be offered by an organization except as specified in paragraph (a)(2)(i) of this section. The in-service training may be offered by any organization.

Interpretive Guideline

Subject areas (a)(1)(iii), (ix), (x), and (xi) may be evaluated with the tasks being performed on a "pseudo-patient" such as another aide or volunteer in a laboratory setting. The tasks must not be simulated in any manner and the use of a mannequin is not an acceptable substitute.

PROBES:
1- How does the HHA ensure that aides perform only tasks for which they received satisfactory ratings in the competency evaluation?

2- If the aide performs skills which exceed the basic skills included in this standard, how does the HHA train and test aides for competency?

3- How does the HHA plan for extended training if it is unable to train its own aides?

4- How does the HHA monitor the assignment of aides to match the skills needed for individual patients?

FED - G0217 - COMPETENCY EVALUATION & IN-SERVICE TRAI

Title COMPETENCY EVALUATION & IN-SERVICE TRAI
CFR 484.36(b)(3)(ii)

Type Standard

Regulation Definition

The competency evaluation must be performed by a registered nurse. The in-service training generally must be supervised by a registered nurse who possesses a minimum of 2 years of nursing experience at least 1 year of which must be in the

Interpretive Guideline

Subject areas (a)(1)(iii), (ix), (x), and (xi) may be evaluated with the tasks being performed on a "pseudo-patient" such as another aide or volunteer in a laboratory setting. The tasks must not be simulated in any manner and the use of a mannequin is not an acceptable substitute.

Aspen Federal Regulation Set: G 10.03 HOME HEALTH AGENCIES

provision of home health care.

PROBES:
1- How does the HHA ensure that aides perform only tasks for which they received satisfactory ratings in the competency evaluation?

2- If the aide performs skills which exceed the basic skills included in this standard, how does the HHA train and test aides for competency?

3- How does the HHA plan for extended training if it is unable to train its own aides?

4- How does the HHA monitor the assignment of aides to match the skills needed for individual patients?

FED - G0218 - COMPETENCY EVALUATION & IN-SERVICE TRAI

Title COMPETENCY EVALUATION & IN-SERVICE TRAI
CFR 484.36(b)(3)(iii)

Type Standard

Regulation Definition

The subject areas listed at paragraphs (a)(1)(iii), (ix), (x), and (xi) of this section must be evaluated after observation of the aides performance of the tasks with a patient. The other subject areas in paragraph (a)(1) of this section may be evaluated through written examination, oral examination, or after observation of a home health aide with a patient.

Interpretive Guideline

Subject areas (a)(1)(iii), (ix), (x), and (xi) may be evaluated with the tasks being performed on a "pseudo-patient" such as another aide or volunteer in a laboratory setting. Use of a mannequin is not an acceptable substitute.

PROBES:
1- How does the HHA ensure that aides perform only tasks for which they received satisfactory ratings in the competency evaluation?

2- If the aide performs skills which exceed the basic skills included in this standard, how does the HHA train and test aides for competency?

3- How does the HHA plan for extended training if it is unable to train its own aides?

4- How does the HHA monitor the assignment of aides to match the skills needed for individual patients?

Aspen Federal Regulation Set: G 10.03 HOME HEALTH AGENCIES

FED - G0219 - COMPETENCY EVALUATION & IN-SERVICE TRAI

Title COMPETENCY EVALUATION & IN-SERVICE TRAI
CFR 484.36(b)(4)(i)

Type Standard

Regulation Definition

A home health aide is not considered competent in any task for which he or she is evaluated as "unsatisfactory". The aide must not perform that task without direct supervision by a licensed nurse until after he or she receives training in the task for which he or she was evaluated as "unsatisfactory" and passes a subsequent evaluation with "satisfactory".

Interpretive Guideline

A home health aide who is evaluated as "satisfactory" in all subject areas except one would be considered "competent". However, this aide would not be allowed to perform the task in which he or she was evaluated as "unsatisfactory" except under direct supervision. If a home health aide receives an "unsatisfactory" evaluation in more than one subject area, the aide would not be considered to have successfully passed a competency evaluation program and would be precluded from performing as a home health aide in any subject area. The regulations place no restrictions on the number of times or the period of time an aide can be tested in a deficient area.

A home health aide may have different skills evaluated by different organizations as long as the organizations, the training and competency evaluation program(s), the evaluators, and the documentation meet the requirements of the regulation. The aide must have had ALL of the required skills evaluated. Aides that have undergone a "sampling methodology" for the evaluation of aide skills must have the additional required skills evaluated before the aide is determined to be competent.

Aides required to provide items or services which exceed the basic skills must demonstrate competency before they are assigned to care for patients who require these skills.

It is not intended that all home health aides be required to deliver all types of home health services. However, each individual aide should be qualified to perform each individual task for which he or she is responsible.

PROBES:
1- How does the HHA confirm aide skills on an ongoing basis for its employees including new hires and personnel under arrangement or contract?

2- If aides are performing tasks that are an extension of home health services other than nursing, how does the HHA document that these aides have proven competency in these tasks to the appropriate health professional?

Aspen Federal Regulation Set: G 10.03 HOME HEALTH AGENCIES

FED - G0220 - COMPETENCY EVALUATION & IN-SERVICE TRAI

Title COMPETENCY EVALUATION & IN-SERVICE TRAI
CFR 484.36(b)(4)(ii)

Type Standard

Regulation Definition

A home health aide is not considered to have successfully passed a competency evaluation if the aide has an "unsatisfactory" rating in more than one of the required areas.

Interpretive Guideline

A home health aide who is evaluated as "satisfactory" in all subject areas except one would be considered "competent". However, this aide would not be allowed to perform the task in which he or she was evaluated as "unsatisfactory" except under direct supervision. If a home health aide receives an "unsatisfactory" evaluation in more than one subject area, the aide would not be considered to have successfully passed a competency evaluation program and would be precluded from performing as a home health aide in any subject area. The regulations place no restrictions on the number of times or the period of time an aide can be tested in a deficient area.

A home health aide may have different skills evaluated by different organizations as long as the organizations, the training and competency evaluation program(s), the evaluators, and the documentation meet the requirements of the regulation. The aide must have had ALL of the required skills evaluated. Aides that have undergone a "sampling methodology" for the evaluation of aide skills must have the additional required skills evaluated before the aide is determined to be competent.

Aides required to provide items or services which exceed the basic skills must demonstrate competency before they are assigned to care for patients who require these skills.

It is not intended that all home health aides be required to deliver all types of home health services. However, each individual aide should be qualified to perform each individual task for which he or she is responsible.

PROBES:
1- How does the HHA confirm aide skills on an ongoing basis for its employees including new hires and personnel under arrangement or contract?

2- If aides are performing tasks that are an extension of home health services other than nursing, how does the HHA document that these aides have proven competency in these tasks to the appropriate health professional?

Aspen Federal Regulation Set: G 10.03 HOME HEALTH AGENCIES

FED - G0221 - COMPETENCY EVALUATION & IN-SERVICE TRAI

Title COMPETENCY EVALUATION & IN-SERVICE TRAI
CFR 484.36(b)(5)

Type Standard

Regulation Definition	Interpretive Guideline
The HHA must maintain documentation which demonstrates that the requirements of this standard are met.	

FED - G0222 - COMPETENCY EVALUATION & IN-SERVICE TRAI

Title COMPETENCY EVALUATION & IN-SERVICE TRAI
CFR 484.36(b)(6)

Type Standard

Regulation Definition	Interpretive Guideline
The HHA must implement a competency evaluation program that meets the requirements of this paragraph before February 14, 1990. The HHA must provide the preparation necessary for the individual to successfully complete the competency evaluation program. After August 14, 1990, the HHA may use only those aides that have been found to be competent in accordance with §484.36(b).	

FED - G0223 - ASSIGNMENT & DUTIES OF HOME HEALTH AIDE

Title ASSIGNMENT & DUTIES OF HOME HEALTH AIDE
CFR 484.36(c)(1)

Type Standard

Aspen Federal Regulation Set: G 10.03 HOME HEALTH AGENCIES

Regulation Definition

The home health aide is assigned to a specific patient by the registered nurse.

Interpretive Guideline

The aide assignments must consider the skills of the aide, the amount and kind of supervision needed, specific nursing or therapy needs of the patient, and the capabilities of the patient's family.

During the standard survey, when possible, schedule at least one home visit when a home health aide is present. Informal questions to the aide(s) or a review of the aide's assignment sheets will offer information about HHA compliance with this standard.

To evaluate coordination of home health aide services according to the requirements of §484.14(g), look for documentation by the aide in the clinical records that describes significant information or changes to his or her patient's conditions, and to whom he or she reported the information. Notes should be dated and signed by the aide.

If the aide is performing simple procedures as an extension of therapy services, review documentation of how the aide was evaluated for competency to perform these tasks. Also, review the plan of care and therapy notes to insure that the services performed by the aide are not services ordered by the physician to be performed by a qualified therapist or therapy assistant.

FED - G0224 - ASSIGNMENT & DUTIES OF HOME HEALTH AIDE

Title ASSIGNMENT & DUTIES OF HOME HEALTH AIDE
CFR 484.36(c)(1)

Type Standard

Regulation Definition

Written patient care instructions for the home health aide must be prepared by the registered nurse or other appropriate professional who is responsible for the supervision of the home health aide under paragraph (d) of this section.

Interpretive Guideline

The aide assignments must consider the skills of the aide, the amount and kind of supervision needed, specific nursing or therapy needs of the patient, and the capabilities of the patient's family.

During the standard survey, when possible, schedule at least one home visit when a home health aide is present. Informal questions to the aide(s) or a review of the aide's assignment sheets will offer information about HHA compliance with this standard.

To evaluate coordination of home health aide services according to the requirements of §484.14(g), look for documentation by the aide in the clinical records that describes significant information or changes to his or her patient's conditions, and to whom he or she reported the information. Notes should be dated and signed by the aide.

Aspen Federal Regulation Set: G 10.03 HOME HEALTH AGENCIES

If the aide is performing simple procedures as an extension of therapy services, review documentation of how the aide was evaluated for competency to perform these tasks. Also, review the plan of care and therapy notes to insure that the services performed by the aide are not services ordered by the physician to be performed by a qualified therapist or therapy assistant.

FED - G0225 - ASSIGNMENT & DUTIES OF HOME HEALTH AIDE

Title ASSIGNMENT & DUTIES OF HOME HEALTH AIDE
CFR 484.36(c)(2)

Type Standard

Regulation Definition	Interpretive Guideline
The home health aide provides services that are ordered by the physician in the plan of care and that the aide is permitted to perform under state law.	See §484.4 for the definition of a home health aide.

FED - G0226 - ASSIGNMENT & DUTIES OF HOME HEALTH AIDE

Title ASSIGNMENT & DUTIES OF HOME HEALTH AIDE
CFR 484.36(c)(2)

Type Standard

Regulation Definition	Interpretive Guideline
The duties of a home health aide include the provision of hands on personal care, performance of simple procedures as an extension of therapy or nursing services, assistance in ambulation or exercises, and assistance in administering medications that are ordinarily self administered.	See §484.4 for the definition of a home health aide.

Aspen Federal Regulation Set: G 10.03 HOME HEALTH AGENCIES

FED - G0227 - ASSIGNMENT & DUTIES OF HOME HEALTH AIDE

Title ASSIGNMENT & DUTIES OF HOME HEALTH AIDE

CFR 484.36(c)(2)

Type Standard

Regulation Definition	Interpretive Guideline
Any home health aide services offered by an HHA must be provided by a qualified home health aide.	

FED - G0228 - SUPERVISION

Title SUPERVISION

CFR 484.36(d)(1)

Type Standard

Regulation Definition	Interpretive Guideline
If the patient receives skilled nursing care, the registered nurse must perform the supervisory visit required by paragraph (d)(2) of this section. If the patient is not receiving skilled nursing care, but is receiving another skilled service (that is, physical therapy, occupational therapy, or speech-language pathology services), supervision may be provided by the appropriate therapist.	Supervision visits may be made in conjunction with a professional visit to provide services. In any patient care situation where an HHA is providing care for an individual who has a condition which requires non-skilled, supportive home health aide services to help the patient with personal care or activities of daily living, the 2 week supervisory visit is not applicable. The RN must make a supervisory visit at least every 62 days. This must be made while the aide is furnishing patient care. PROBE: How does the HHA schedule supervisory visits so that aide skills can be evaluated?

FED - G0229 - SUPERVISION

Title SUPERVISION

CFR 484.36(d)(2)

Type Standard

Aspen Federal Regulation Set: G 10.03 HOME HEALTH AGENCIES

Regulation Definition	Interpretive Guideline
The registered nurse (or another professional described in paragraph (d)(1) of this section) must make an on-site visit to the patient's home no less frequently than every 2 weeks.	Supervision visits may be made in conjunction with a professional visit to provide services. In any patient care situation where an HHA is providing care for an individual who has a condition which requires non-skilled, supportive home health aide services to help the patient with personal care or activities of daily living, the 2 week supervisory visit is not applicable. The RN must make a supervisory visit at least every 62 days. This must be made while the aide is furnishing patient care. PROBE: How does the HHA schedule supervisory visits so that aide skills can be evaluated?

FED - G0230 - SUPERVISION

Title SUPERVISION

CFR 484.36(d)(3)

Type Standard

Regulation Definition	Interpretive Guideline
If home health aide services are provided to a patient who is not receiving skilled nursing care, physical or occupational therapy or speech-language pathology services, the registered nurse must make a supervisory visit to the patient's home no less frequently than every 62 days. In these cases, to ensure that the aide is properly caring for the patient, each supervisory visit must occur while the home health aide is providing patient care.	Supervision visits may be made in conjunction with a professional visit to provide services. In any patient care situation where an HHA is providing care for an individual who has a condition which requires non-skilled, supportive home health aide services to help the patient with personal care or activities of daily living, the 2 week supervisory visit is not applicable. The RN must make a supervisory visit at least every 62 days. This must be made while the aide is furnishing patient care. PROBE: How does the HHA schedule supervisory visits so that aide skills can be evaluated?

FED - G0231 - SUPERVISION

Title SUPERVISION

CFR 484.36(d)(4)

Type Standard

Aspen Federal Regulation Set: G 10.03 HOME HEALTH AGENCIES

Regulation Definition	Interpretive Guideline
If home health aide services are provided by an individual who is not employed directly by the HHA (or hospice), the services of the home health aide must be provided under arrangements, as defined in section 1861(w)(1) of the Act.	An individual providing services under an arrangement can qualify as a home health aide by completing a training and competency evaluation program or a competency evaluation program. PROBE: How does the HHA ensure that home health aides providing services under arrangements are supervised according to the requirements of §484.36(d)(1) and (d)(2) and meet the training and or competency evaluation requirements of §484.36(a) or (b)?

FED - G0232 - SUPERVISION

Title SUPERVISION

CFR 484.36(d)(4)(i)

Type Standard

Regulation Definition	Interpretive Guideline
If the HHA (or hospice) chooses to provide home health aide services under arrangements with another organization, the HHA's (or hospice's) responsibilities include, but are not limited to, ensuring the overall quality of the care provided by the aide.	

FED - G0233 - PERSONAL CARE ATTENDANT EVALUATION REQU

Title PERSONAL CARE ATTENDANT EVALUATION REQU

CFR 484.36(e)

Type Standard

Regulation Definition	Interpretive Guideline
This paragraph applies to individuals who are employed by HHAs exclusively to furnish personal care attendant services under a Medicaid personal care benefit.	Personal care services also include those services defined at §440.180. PCAs who are employed by HHAs to furnish services under a Medicaid personal care benefit must abide by all other requirements for home health aides listed at 42 CFR 484.36 with the explicit exception of 42 CFR 484.36(e).

Aspen Federal Regulation Set: G 10.03 HOME HEALTH AGENCIES

An individual may furnish personal care services, as defined in §440.170 of this chapter, on behalf of an HHA after the individual has been found competent by the State to furnish those services for which a competency evaluation is required by paragraph (b) of this section and which the individual is required to perform. The individual need not be determined competent in those services listed in paragraph (a) of this section that the individual is not required to furnish.

FED - G0234 - QUALIFYING TO FURNISH OPT OR SPS

Title QUALIFYING TO FURNISH OPT OR SPS

CFR 484.38

Type Condition

Regulation Definition

An HHA that wishes to furnish outpatient physical therapy or speech pathology services must meet all the pertinent conditions of this part and also meet the additional health and safety requirements set forth in sections 485.711-485.715, 485.719, 485.723 and 485.727 of this chapter to implement section 1861(p) of the Act.

Interpretive Guideline

An HHA that furnishes outpatient therapy services on its own premises, including its branches, must comply with the listed citations as well as meet all other Conditions of Participation. §§485.723 and 485.727 are not applicable when patients are served in their own homes. §§485.723 and 485.727 are applicable, and may be surveyed at the SA's or RO's discretion, when specialized rehabilitation space and equipment is owned, leased, operated, contracted for, or arranged for at sites under the HHA's control and when the HHA bills the Medicare/Medicaid programs for services rendered at these sites. Complete the corresponding section of the Outpatient Physical Therapy or Speech Pathology Survey Report, CMS-1893, and attach it to the Home Health Agency Survey and Deficiencies Report, Form CMS-1572 when surveying these sites. Indicate the agency's certification to provide outpatient therapy services via special remarks on the Certification and Transmittal, CMS-1539. (See §2764 Item 16.)

The plan of care for outpatient physical and speech pathology therapy services may be developed by the individual therapist. For Medicare patients receiving outpatient physical and/or speech pathology therapy services, the plan of care and results of treatment must be reviewed by a physician. Non-Medicare patients are not required to be under the care of a physician, and therefore do not need a plan of care established by and reviewed by a physician. For non-Medicare patients, the plan of care may be reviewed by the therapist who established it or by a physician.

(See Appendix E, Interpretive Guidelines, Outpatient Physical or Speech Pathology Service - Physicians' Directions and Plan of Care.)

Aspen Federal Regulation Set: G 10.03 HOME HEALTH AGENCIES

FED - G0235 - CLINICAL RECORDS

Title CLINICAL RECORDS

CFR 484.48

Type Condition

Regulation Definition

Interpretive Guideline

FED - G0236 - CLINICAL RECORDS

Title CLINICAL RECORDS

CFR 484.48

Type Standard

Regulation Definition

A clinical record containing pertinent past and current findings in accordance with accepted professional standards is maintained for every patient receiving home health services. In addition to the plan of care, the record contains appropriate identifying information; name of physician; drug, dietary, treatment, and activity orders; signed and dated clinical and progress notes; copies of summary reports sent to the attending physician; and a discharge summary.

Interpretive Guideline

The clinical record must provide a current, organized, and clearly written synopsis of the patient's course of treatment, including services provided for the HHA by arrangement or contract. The clinical record should facilitate effective, efficient and coordinated care.

Questionable patterns, rather then isolated instances, in clinical records are an indicator that the quality of care provided by the HHA needs to be carefully assessed for compliance with the plan of care, coordination of services, concurrence with the HHA's stated policies and procedures, and evaluations of patient outcomes. However, isolated instances depending on their nature and severity, can serve as the basis of a deficiency and enforcement action. (e.g. immediate and serious threat as outlined in appendix Q.)

While the regulations specify that the documents must be signed, they do not prohibit the use of electronic signatures. HHAs which have created the option for an individuals record to be maintained by computer, rather than hard copy, may use electronic signatures as long as there is a process for reconstruction of the information, and there are safeguards to prevent unauthorized access to the records. Clinical progress notes, and summary reports as defined in §484.2 must be maintained on all patients.

Forms CMS-486 (and CMS-487) may be used as a progress note and /or a summary report. Notations should be

Aspen Federal Regulation Set: G 10.03 HOME HEALTH AGENCIES

appropriately labeled and should provide an overall comprehensive view of the patient's total progress and /or current summary report including social, emotional, or behavioral adjustments relative to the diagnosis, treatment, rehabilitation potential, and anticipated outcomes toward recovery or further debilitation.

The regulation does not dictate the frequency with which progress notes must be written. If necessary, review the HHA's policies and procedures concerning the frequency of preparing progress notes.

The discharge summary need not be a separate piece of paper and may be incorporated into the routine summary reports already furnished to the physician.

PROBES:
1- Are there patterns in the clinical records that are of concern?

2- Do clinical records document patient progress and outcomes of care based on changes in the patient's condition?

3- How does the HHA inform the attending physician of the availability of a discharge summary?

4- How does the HHA ensure that the discharge summary is sent to the attending physician upon his /her request?

FED - G0237 - RETENTION OF RECORDS

Title RETENTION OF RECORDS

CFR 484.48(a)

Type Standard

Regulation Definition

Clinical records are retained for 5 years after the month the cost report to which the records apply is filed with the intermediary, unless State law stipulates a longer period of time. Policies provide for retention even if the HHA discontinues operations.

Interpretive Guideline

An HHA may store clinical and health insurance records on microfilm or optical disk imaging systems. All material must be available for review by CMS, the intermediary, Department of Health and Human Services, or other specially designated components for bill review, audit, or other examination during the retention period.

With respect to a State agency or Federal survey to ensure compliance with the Conditions of Participation, clinical records requested by the surveyor along with the equipment necessary to read them, must be made available during the course of the unannounced survey.

Aspen Federal Regulation Set: G 10.03 HOME HEALTH AGENCIES

FED - G0238 - RETENTION OF RECORDS

Title RETENTION OF RECORDS

CFR 484.48(a)

Type Standard

Regulation Definition	Interpretive Guideline
If a patient is transferred to another health facility, a copy of the record or abstract is sent with the patient.	An HHA may store clinical and health insurance records on microfilm or optical disk imaging systems. All material must be available for review by CMS, the intermediary, Department of Health and Human Services, or other specially designated components for bill review, audit, or other examination during the retention period. With respect to a State agency or Federal survey to ensure compliance with the Conditions of Participation, clinical records requested by the surveyor along with the equipment necessary to read them, must be made available during the course of the unannounced survey.

FED - G0239 - PROTECTION OF RECORDS

Title PROTECTION OF RECORDS

CFR 484.48(b)

Type Standard

Regulation Definition	Interpretive Guideline
Clinical record information is safeguarded against loss or unauthorized use.	PROBES: 1- How are clinical records stored to protect them from physical destruction and unauthorized use? 2- What written policies and procedures govern the use, removal, and release of clinical records? 3- How does the HHA make the records available for all personnel furnishing services on behalf of the HHA?

Aspen Federal Regulation Set: G 10.03 HOME HEALTH AGENCIES

FED - G0240 - PROTECTION OF RECORDS

Title PROTECTION OF RECORDS

CFR 484.48(b)

Type Standard

Regulation Definition	Interpretive Guideline
Written procedures govern the use and removal of records and the conditions for release of information.	PROBES: 1- How are clinical records stored to protect them from physical destruction and unauthorized use? 2- What written policies and procedures govern the use, removal, and release of clinical records? 3- How does the HHA make the records available for all personnel furnishing services on behalf of the HHA?

FED - G0241 - PROTECTION OF RECORDS

Title PROTECTION OF RECORDS

CFR 484.48(b)

Type Standard

Regulation Definition	Interpretive Guideline
The patient's written consent is required for the release of information not authorized by law.	PROBES: 1- How are clinical records stored to protect them from physical destruction and unauthorized use? 2- What written policies and procedures govern the use, removal, and release of clinical records? 3- How does the HHA make the records available for all personnel furnishing services on behalf of the HHA?

Aspen Federal Regulation Set: G 10.03 HOME HEALTH AGENCIES

FED - G0242 - EVALUATION OF THE AGENCY'S PROGRAM

Title EVALUATION OF THE AGENCY'S PROGRAM

CFR 484.52

Type Condition

Regulation Definition

Interpretive Guideline

All aspects of the HHA's evaluation are not required to have been done at the same time or by the same evaluators. For example, fiscal, patient care, and administrative policies may be evaluated by different members or committees of the group responsible for performing the evaluation at different times of the year.

Patient care services should have been evaluated by providers and consumers.

A "consumer" may be any individual in the community outside the agency, regardless of whether he or she has been a recipient of, or is eligible to receive, home health services.

The evaluation should address the total program including services furnished directly to patients, and the administration and management of the HHA, including, but not limited to, policies and procedures, contract management, personnel management, clinical record review, patient care, and the extent to which the goals and objectives of the HHA are met.

Results of the HHA's overall annual evaluation must be available for surveyor review, upon request.

FED - G0243 - EVALUATION OF THE AGENCY'S PROGRAM

Title EVALUATION OF THE AGENCY'S PROGRAM

CFR 484.52

Type Standard

Regulation Definition

Interpretive Guideline

The HHA has written policies requiring an overall evaluation of the agency's total program at least once a year by the group of professional personnel (or a committee of this group), HHA

All aspects of the HHA's evaluation are not required to have been done at the same time or by the same evaluators. For example, fiscal, patient care, and administrative policies may be evaluated by different members or committees of the group responsible for performing the evaluation at different times of the year. Patient care services should have

Aspen Federal Regulation Set: G 10.03 HOME HEALTH AGENCIES

staff, and consumers, or by professional people outside the agency working in conjunction with consumers.

been evaluated by providers and consumers.

A "consumer" may be any individual in the community outside the agency, regardless of whether he or she has been a recipient of, or is eligible to receive, home health services.

The evaluation should address the total program including services furnished directly to patients, and the administration and management of the HHA, including, but not limited to, policies and procedures, contract management, personnel management, clinical record review, patient care, and the extent to which the goals and objectives of the HHA are met.

Results of the HHA's overall annual evaluation must be available for surveyor review, upon request.

FED - G0244 - EVALUATION OF THE AGENCY'S PROGRAM

Title EVALUATION OF THE AGENCY'S PROGRAM

CFR 484.52

Type Standard

Regulation Definition

The evaluation consists of an overall policy and administrative review and a clinical record review.

Interpretive Guideline

All aspects of the HHA's evaluation are not required to have been done at the same time or by the same evaluators. For example, fiscal, patient care, and administrative policies may be evaluated by different members or committees of the group responsible for performing the evaluation at different times of the year. Patient care services should have been evaluated by providers and consumers.

A "consumer" may be any individual in the community outside the agency, regardless of whether he or she has been a recipient of, or is eligible to receive, home health services.

The evaluation should address the total program including services furnished directly to patients, and the administration and management of the HHA, including, but not limited to, policies and procedures, contract management, personnel management, clinical record review, patient care, and the extent to which the goals and objectives of the HHA are met.

Results of the HHA's overall annual evaluation must be available for surveyor review, upon request.

Aspen Federal Regulation Set: G 10.03 HOME HEALTH AGENCIES

FED - G0245 - EVALUATION OF THE AGENCY'S PROGRAM

Title EVALUATION OF THE AGENCY'S PROGRAM

CFR 484.52

Type Standard

Regulation Definition	Interpretive Guideline
The evaluation assesses the extent to which the agency's program is appropriate, adequate, effective and efficient.	All aspects of the HHA's evaluation are not required to have been done at the same time or by the same evaluators. For example, fiscal, patient care, and administrative policies may be evaluated by different members or committees of the group responsible for performing the evaluation at different times of the year. Patient care services should have been evaluated by providers and consumers. A "consumer" may be any individual in the community outside the agency, regardless of whether he or she has been a recipient of, or is eligible to receive, home health services. The evaluation should address the total program including services furnished directly to patients, and the administration and management of the HHA, including, but not limited to, policies and procedures, contract management, personnel management, clinical record review, patient care, and the extent to which the goals and objectives of the HHA are met. Results of the HHA's overall annual evaluation must be available for surveyor review, upon request.

FED - G0246 - EVALUATION OF THE AGENCY'S PROGRAM

Title EVALUATION OF THE AGENCY'S PROGRAM

CFR 484.52

Type Standard

Regulation Definition	Interpretive Guideline
Results of the evaluation are reported to and acted upon by those responsible for the operation of the agency.	All aspects of the HHA's evaluation are not required to have been done at the same time or by the same evaluators. For example, fiscal, patient care, and administrative policies may be evaluated by different members or committees of the group responsible for performing the evaluation at different times of the year. Patient care services should have been evaluated by providers and consumers.

Aspen Federal Regulation Set: G 10.03 HOME HEALTH AGENCIES

A "consumer" may be any individual in the community outside the agency, regardless of whether he or she has been a recipient of, or is eligible to receive, home health services.

The evaluation should address the total program including services furnished directly to patients, and the administration and management of the HHA, including, but not limited to, policies and procedures, contract management, personnel management, clinical record review, patient care, and the extent to which the goals and objectives of the HHA are met.

Results of the HHA's overall annual evaluation must be available for surveyor review, upon request.

FED - G0247 - EVALUATION OF THE AGENCY'S PROGRAM

Title EVALUATION OF THE AGENCY'S PROGRAM

CFR 484.52

Type Standard

Regulation Definition

Results of the evaluation are maintained separately as administrative records.

Interpretive Guideline

All aspects of the HHA's evaluation are not required to have been done at the same time or by the same evaluators. For example, fiscal, patient care, and administrative policies may be evaluated by different members or committees of the group responsible for performing the evaluation at different times of the year. Patient care services should have been evaluated by providers and consumers.

A "consumer" may be any individual in the community outside the agency, regardless of whether he or she has been a recipient of, or is eligible to receive, home health services.

The evaluation should address the total program including services furnished directly to patients, and the administration and management of the HHA, including, but not limited to, policies and procedures, contract management, personnel management, clinical record review, patient care, and the extent to which the goals and objectives of the HHA are met.

Results of the HHA's overall annual evaluation must be available for surveyor review, upon request.

Aspen Federal Regulation Set: G 10.03 HOME HEALTH AGENCIES

FED - G0248 - POLICY AND ADMINISTRATIVE REVIEW

Title POLICY AND ADMINISTRATIVE REVIEW

CFR 484.52(a)

Type Standard

Regulation Definition

As part of the evaluation process the policies and administrative practices of the agency are reviewed to determine the extent to which they promote patient care that is appropriate, adequate, effective and efficient.

Interpretive Guideline

In evaluating each aspect of its total program, the HHA should have considered four main criteria:
Appropriateness - Assurance that the area being evaluated addresses existing or potential problems.
Adequacy - A determination as to whether the HHA has the capacity to overcome or minimize existing or potential problems.
Effectiveness - The services offered accomplish the objectives of the HHA and anticipated patient outcomes.
Efficiency - Whether there is a minimal expenditure of resources by the HHA to achieve desired goals and anticipated patient outcomes.

PROBES:
1- How is consumer involvement in the evaluation process ensured?

2- How has the HHA responded to recommendations made by the professional group in relation to the most recent annual evaluation?

3- What areas does the HHA view as requiring change based on the most recent annual evaluation?

4- How does the program evaluation highlight the agency's efforts to resolve patients' grievances and complaints, if any?

FED - G0249 - POLICY AND ADMINISTRATIVE REVIEW

Title POLICY AND ADMINISTRATIVE REVIEW

CFR 484.52(a)

Type Standard

Aspen Federal Regulation Set: G 10.03 HOME HEALTH AGENCIES

Regulation Definition

Mechanisms are established in writing for the collection of pertinent data to assist in evaluation.

Interpretive Guideline

In evaluating each aspect of its total program, the HHA should have considered four main criteria:
Appropriateness - Assurance that the area being evaluated addresses existing or potential problems.
Adequacy - A determination as to whether the HHA has the capacity to overcome or minimize existing or potential problems.
Effectiveness - The services offered accomplish the objectives of the HHA and anticipated patient outcomes.
Efficiency - Whether there is a minimal expenditure of resources by the HHA to achieve desired goals and anticipated patient outcomes.

PROBES:
1- How is consumer involvement in the evaluation process ensured?

2- How has the HHA responded to recommendations made by the professional group in relation to the most recent annual evaluation?

3- What areas does the HHA view as requiring change based on the most recent annual evaluation?

4- How does the program evaluation highlight the agency's efforts to resolve patients' grievances and complaints, if any?

FED - G0250 - CLINICAL RECORD REVIEW

Title CLINICAL RECORD REVIEW

CFR 484.52(b)

Type Standard

Regulation Definition

At least quarterly, appropriate health professionals, representing at least the scope of the program, review a sample of both active and closed clinical records to determine whether established policies are followed in furnishing services directly or under arrangement.

Interpretive Guideline

Quarterly reviews need not be performed at a joint, sit-down meeting of the professionals performing the review. Each professional may review the records separately, at different times.

The HHA should evaluate all services provided for consistency with professional practice standards for HHAs and the HHA's policies and procedures, compliance with the plan of care, the appropriateness, adequacy, and effectiveness of the services offered, and evaluations of anticipated patient outcomes. Evaluations should be based on specific record review criteria that are consistent with the HHA's admission policies and other HHA specific patient

Aspen Federal Regulation Set: G 10.03 HOME HEALTH AGENCIES

care policies and procedures.

The review by "appropriate health professionals" should include those professionals representing the scope of services provided in that quarter. Therefore, for example, if no speech therapy services were performed, the speech therapist need not be part of that quarterly review.

If the survey reveals that one (or more) approved services are never, or rarely, provided either for Medicare/Medicaid patients or non-Medicare/Medicaid patients, undertake the following actions to determine whether the HHA is complying with the patients' plans of care (§484.18):
o Review the HHA's policies relevant to the evaluation of patient care needs.
o Review HHA contracts for unserved or underserved services, if they are provided under contract or arrangement.
o Review plans of care to determine if the services were ordered by a physician but not delivered.
o Ask the HHA under what circumstances it would contact the patient's physician to request modification of a patient's plan of care.

PROBES:
1- What patterns or problems does the summary report of the clinical record reviews identify?

2- What is the HHA's plan of correction? Are time frames for implementation and another evaluation review planned?

3- How does the HHA select the clinical records to be reviewed?

4- How do the procedures for review ensure that the review will ascertain whether:
o HHA policies and procedures are followed?
o Patients are being helped to attain and maintain their highest practicable functional capacity?
o Goals or anticipated patient outcomes are appropriate to the diagnosis(es), plan of care, services provided, and patient potential?

FED - G0251 - CLINICAL RECORD REVIEW

Title CLINICAL RECORD REVIEW

CFR 484.52(b)

Type Standard

Aspen Federal Regulation Set: G 10.03 HOME HEALTH AGENCIES

Regulation Definition

There is a continuing review of clinical records for each 60-day period that a patient receives home health services to determine adequacy of the plan of care and appropriateness of continuation of care.

Interpretive Guideline

Quarterly reviews need not be performed at a joint, sit-down meeting of the professionals performing the review. Each professional may review the records separately, at different times.

The HHA should evaluate all services provided for consistency with professional practice standards for HHAs and the HHA's policies and procedures, compliance with the plan of care, the appropriateness, adequacy, and effectiveness of the services offered, and evaluations of anticipated patient outcomes. Evaluations should be based on specific record review criteria that are consistent with the HHA's admission policies and other HHA specific patient care policies and procedures.

The review by "appropriate health professionals" should include those professionals representing the scope of services provided in that quarter. Therefore, for example, if no speech therapy services were performed, the speech therapist need not be part of that quarterly review.

If the survey reveals that one (or more) approved services are never, or rarely, provided either for Medicare/Medicaid patients or non-Medicare/Medicaid patients, undertake the following actions to determine whether the HHA is complying with the patients' plans of care (§484.18):
o Review the HHA's policies relevant to the evaluation of patient care needs.
o Review HHA contracts for unserved or underserved services, if they are provided under contract or arrangement.
o Review plans of care to determine if the services were ordered by a physician but not delivered.
o Ask the HHA under what circumstances it would contact the patient's physician to request modification of a patient's plan of care.

PROBES:
1- What patterns or problems does the summary report of the clinical record reviews identify?

2- What is the HHA's plan of correction? Are time frames for implementation and another evaluation review planned?

3- How does the HHA select the clinical records to be reviewed?

4- How do the procedures for review ensure that the review will ascertain whether:
o HHA policies and procedures are followed?
o Patients are being helped to attain and maintain their highest practicable functional capacity?
o Goals or anticipated patient outcomes are appropriate to the diagnosis(es), plan of care, services provided, and patient potential?

Aspen Federal Regulation Set: G 10.03 HOME HEALTH AGENCIES

FED - G0300 - CONFORMANCE WITH PHYSICIANS ORDERS

Title CONFORMANCE WITH PHYSICIANS ORDERS

CFR 484.18(c)

Type Standard

Regulation Definition

Verbal orders are only accepted by personnel authorized to do so by applicable State and Federal laws and regulations as well as by the HHA's internal policies.

Interpretive Guideline

Review HHA policies and procedures in regard to obtaining physician orders, changes in orders, and verbal orders. All physician orders must be included in the patient's clinical record. Plans of care must be signed and dated by the physician.

Verbal orders must be countersigned by the physician as soon as possible. Ask HHAs, whose pattern of obtaining signed physicians' orders exceeds the HHA's policy or State law, to clarify or explain what circumstances created the time lapse and how they are approaching a resolution to the problem.

Other designated HHA personnel who accept oral orders must be able to do so in accordance with State and Federal law and regulations and HHA policy. Oral orders must be signed and dated by the registered nurse or qualified therapist who is furnishing or supervising the ordered service and it is the RN's responsibility to make any necessary revisions to the plan of care based on that order.

All drugs and treatments ordered by the patient's physician should be recorded in the clinical record.
Over-the-counter drugs which the patient takes must be noted in the patient's record. Over-the-counter drugs should be reported to the physician only if an RN determines that they could detrimentally affect the prescribed drugs of the patient.

The label on the bottle of a prescription medication constitutes the pharmacist's transcription or documentation of the order. Such medications should be noted in the clinical record and listed on the recertification plan of care (Form CMS-485). This is consistent with acceptable standards of practice, and Federal regulations do not have additional requirements.

Aides may help patients take drugs ordinarily self-administered by the patient, unless the State restricts this practice.

PROBES:
1- If HHA personnel identify patient sensitivity or other medication problems, what actions does the HHA require its personnel to take?

Aspen Federal Regulation Set: G 10.03 HOME HEALTH AGENCIES

2- How does the HHA secure physicians' signatures on oral, change, or renewal orders?

3- How does the HHA ensure that oral orders are accepted, cosigned by the nurse ot therapist and countersigned by the physician appropriately?

FED - G0301 - SUPERVISION

Title SUPERVISION

CFR 484.36(d)(4)(ii)

Type Standard

Regulation Definition	Interpretive Guideline
If the HHA (or hospice) chooses to provide home health aide services under arrangements with another organization, the HHA's (or hospice's) responsibilities include, but are not limited to, supervision of the aide's services as described in paragraphs (d)(1) and (d)(2) of this section.	An individual providing services under an arrangement can qualify as a home health aide by completing a training and competency evaluation program or a competency evaluation program. PROBE: How does the HHA ensure that home health aides providing services under arrangements are supervised according to the requirements of §§484.36(d)(1) and (d)(2) and meet the training and or competency evaluation requirements of §484.36(a) or (b)?

FED - G0302 - SUPERVISION

Title SUPERVISION

CFR 484.36(d)(4)(iii)

Type Standard

Regulation Definition	Interpretive Guideline
If the HHA (or hospice) chooses to provide home health aide services under arrangements with another organization, the HHA's (or hospice's) responsibilities include, but are not limited to, ensuring that home health aides providing services under arrangements have met the training requirements of paragraph (a) and/or (b) of this section	An individual providing services under an arrangement can qualify as a home health aide by completing a training and competency evaluation program or a competency evaluation program. PROBE: How does the HHA ensure that home health aides providing services under arrangements are supervised according to the requirements of §484.36(d)(1) and (d)(2) and meet the training and or competency evaluation requirements of

Aspen Federal Regulation Set: G 10.03 HOME HEALTH AGENCIES

§484.36(a) or (b)?

FED - G0303 - CLINICAL RECORDS

Title CLINICAL RECORDS

CFR 484.48

Type Standard

Regulation Definition

The HHA must inform the attending physician of the availability of a discharge summary. The discharge summary must be sent to the attending physician upon request and must include the patient's medical and health status at discharge.

Interpretive Guideline

The clinical record must provide a current, organized, and clearly written synopsis of the patient's course of treatment, including services provided for the HHA by arrangement or contract. The clinical record should facilitate effective, efficient and coordinated care.

Questionable patterns, rather than isolated instances, in clinical records are an indicator that the quality of care provided by the HHA needs to be carefully assessed for compliance with the plan of care, coordination of services, concurrence with the HHA's stated policies and procedures, and evaluations of patients outcomes. However, isolated instances depending on their nature and severity, can serve as the basis of a deficiency and enforcement action. (e.g. immediate and serious threat as outlined in appendix Q.)

While the regulations specify that the documents must be signed, they do not prohibit the use of electronic signatures. HHAs which have created the option for an individuals record to be maintained by computer, rather than hard copy, may use electronic signatures as long as there is a process for reconstruction of the information, and there are safeguards to prevent unauthorized access to the records. Clinical progress notes, and summary reports as defined in §484.2 must be maintained on all patients.

Forms CMS-486 and CMS-487 may be used as a progress note and / or a summary report. Notations should be appropriately labeled and should provide an overall comprehensive view of the patient's total progress and /or current summary report including social, emotional, or behavioral adjustments relative to the diagnosis, treatment, rehabilitation potential, and anticipated outcomes toward recovery or further debilitation.

The regulation does not dictate the frequency with which progress notes must be written. If necessary, review the HHA's policies and procedures concerning the frequency of preparing progress notes.

The discharge summary need not be a separate piece of paper and may be incorporated into the routine summary reports already furnished to the physician.

Aspen Federal Regulation Set: G 10.03 HOME HEALTH AGENCIES

PROBES:
1- Are there patterns in the clinical records that are of concern?

2- Do clinical records document patient progress and outcomes of care based on changes in the patient's condition?

3- How does the HHA inform the attending physician of the availability of a discharge summary?

4- How does the HHA ensure that the discharge summary is sent to the attending physician upon his /her request?

FED - G0310 - RELEASE OF PATIENT IDENTIFIABLE OASIS INFO

Title RELEASE OF PATIENT IDENTIFIABLE OASIS INFO

CFR 484.11

Type Condition

Regulation Definition	Interpretive Guideline
The HHA and agent acting on behalf of the HHA in accordance with a written contract must ensure the confidentiality of all patient identifiable information contained in the clinical record, including OASIS data, and may not release patient identifiable information to the public.	

FED - G0320 - REPORTING OASIS INFORMATION

Title REPORTING OASIS INFORMATION

CFR 484.20

Type Condition

Regulation Definition	Interpretive Guideline
HHAs must electronically report all OASIS data collected in accordance with §484.55	

Aspen Federal Regulation Set: G 10.03 HOME HEALTH AGENCIES

FED - G0321 - ENCODING OASIS DATA

Title ENCODING OASIS DATA

CFR 484.20(a)

Type Standard

Regulation Definition	Interpretive Guideline
The HHA must encode and be capable of transmitting OASIS data for each agency patient within 7 days of completing an OASIS data set.	

FED - G0322 - ACCURACY OF ENCODED OASIS DATA

Title ACCURACY OF ENCODED OASIS DATA

CFR 484.20(b)

Type Standard

Regulation Definition	Interpretive Guideline
The encoded OASIS data must accurately reflect the patient's status at the time of assessment.	

FED - G0323 - TRANSMITTAL OF OASIS DATA

Title TRANSMITTAL OF OASIS DATA

CFR 484.20(c)(1)

Type Standard

Regulation Definition	Interpretive Guideline
The HHA must electronically transmit accurate, completed, encoded and locked OASIS data for each patient to the State agency or CMS OASIS contractor at least monthly.	

Aspen Federal Regulation Set: G 10.03 HOME HEALTH AGENCIES

FED - G0324 - TRANSMITTAL OF OASIS DATA

Title TRANSMITTAL OF OASIS DATA

CFR 484.20(c)(2)

Type Standard

Regulation Definition	Interpretive Guideline
The HHA must, for all assessments completed in the previous month, transmit OASIS data in a format that meets the requirements of paragraph (d) of this section.	

FED - G0325 - TRANSMITTAL OF OASIS DATA

Title TRANSMITTAL OF OASIS DATA

CFR 484.20(c)(3)

Type Standard

Regulation Definition	Interpretive Guideline
The HHA must successfully transmit test data to the State agency or CMS OASIS contractor.	

FED - G0326 - TRANSMITTAL OF OASIS DATA

Title TRANSMITTAL OF OASIS DATA

CFR 484.20(c)(4)

Type Standard

Regulation Definition	Interpretive Guideline
The HHA must transmit data using electronic communications software that provides a direct telephone connection from the HHA to the State agency or CMS OASIS contractor.	

Aspen Federal Regulation Set: G 10.03 HOME HEALTH AGENCIES

FED - G0327 - DATA FORMAT

Title DATA FORMAT

CFR 484.20(d)

Type Standard

Regulation Definition	Interpretive Guideline
The HHA must encode and transmit data using the software available from CMS or software that Conforms to CMS standard electronic record layout, edit specifications, and data dictionary, and that includes the required OASIS data set.	

FED - G0330 - COMPREHENSIVE ASSESSMENT OF PATIENTS

Title COMPREHENSIVE ASSESSMENT OF PATIENTS

CFR 484.55

Type Condition

Regulation Definition	Interpretive Guideline
Each patient must receive, and an HHA must provide, a patient-specific, comprehensive assessment that accurately reflects the patient's current health status and includes information that may be used to demonstrate the patient's progress toward achievement of desired outcomes. The comprehensive assessment must identify the patient's continuing need for home care and meet the patient's medical, nursing, rehabilitative, social, and discharge planning needs. For Medicare beneficiaries, the HHA must verify the patient's eligibility for the Medicare home health benefit including homebound status, both at the time of the initial assessment visit and at the time of the comprehensive assessment. The comprehensive assessment must also incorporate the use of the current version of the Outcome and Assessment Information	

Aspen Federal Regulation Set: G 10.03 HOME HEALTH AGENCIES

Set (OASIS) items, using the language and groupings of the OASIS items, as specified by the Secretary

FED - G0331 - INITIAL ASSESSMENT VISIT

Title INITIAL ASSESSMENT VISIT

CFR 484.55(a)(1)

Type Standard

Regulation Definition	Interpretive Guideline
A registered nurse must conduct an initial assessment visit to determine the immediate care and support needs of the patient; and, for Medicare patients, to determine eligibility for the Medicare home health benefit, including homebound status.	

FED - G0332 - INITIAL ASSESSMENT VISIT

Title INITIAL ASSESSMENT VISIT

CFR 484.55(a)(1)

Type Standard

Regulation Definition	Interpretive Guideline
The initial assessment visit must be held either within 48 hours of referral, or within 48 hours of the patient's return home, or on the physician-ordered start of care date.	

FED - G0333 - INITIAL ASSESSMENT VISIT

Title INITIAL ASSESSMENT VISIT

CFR 484.55(a)(2)

Type Standard

Aspen Federal Regulation Set: G 10.03 HOME HEALTH AGENCIES

Regulation Definition

When rehabilitation therapy service (speech-language pathology, physical therapy, or occupational therapy) is the only service ordered by the physician, and if the need for that service establishes program eligibility, the initial assessment visit may be made by the appropriate rehabilitation skilled professional.

Interpretive Guideline

FED - G0334 - COMPLETION OF THE COMPREHENSIVE ASSESSMENT

Title COMPLETION OF THE COMPREHENSIVE ASSESSMENT
CFR 484.55(b)(1)

Type Standard

Regulation Definition

The comprehensive assessment must be completed in a timely manner, consistent with the patient's immediate needs, but no later than 5 calendar days after the start of care.

Interpretive Guideline

FED - G0335 - COMPLETION OF THE COMPREHENSIVE ASSESSMENT

Title COMPLETION OF THE COMPREHENSIVE ASSESSMENT
CFR 484.55(b)(2)

Type Standard

Regulation Definition

Except as provided in paragraph (b)(3) of this section, a registered nurse must complete the comprehensive assessment and for Medicare patients, determine eligibility for the Medicare home health benefit, including homebound status.

Interpretive Guideline

Aspen Federal Regulation Set: G 10.03 HOME HEALTH AGENCIES

FED - G0336 - COMPLETION OF THE COMPREHENSIVE ASSESSMENT

Title COMPLETION OF THE COMPREHENSIVE ASSESSMENT

CFR 484.55(b)(3)

Type Standard

Regulation Definition	Interpretive Guideline
When physical therapy, speech-language pathology, or occupational therapy is the only service ordered by the physician, a physical therapist, speech-language pathologist or occupational therapist may complete the comprehensive assessment, and for Medicare patients, determine eligibility for the Medicare home health benefit, including homebound status. The occupational therapist may complete the comprehensive assessment if the need for occupational therapy establishes program eligibility.	

FED - G0337 - DRUG REGIMEN REVIEW

Title DRUG REGIMEN REVIEW

CFR 484.55(c)

Type Standard

Regulation Definition	Interpretive Guideline
The comprehensive assessment must include a review of all medications the patient is currently using in order to identify any potential adverse effects and drug reactions, including ineffective drug therapy, significant side effects, significant drug interactions, duplicate drug therapy, and noncompliance with drug therapy.	

Aspen Federal Regulation Set: G 10.03 HOME HEALTH AGENCIES

FED - G0338 - UPDATE OF THE COMPREHENSIVE ASSESSMENT

Title UPDATE OF THE COMPREHENSIVE ASSESSMENT
CFR 484.55(d)

Type Standard

Regulation Definition	Interpretive Guideline
The comprehensive assessment must be updated and revised (including the administration of the OASIS) as frequently as the patient's condition warrants due to a major decline or improvement in the patient's health status.	

FED - G0339 - UPDATE OF THE COMPREHENSIVE ASSESSMENT

Title UPDATE OF THE COMPREHENSIVE ASSESSMENT
CFR 484.55(d)(1)

Type Standard

Regulation Definition	Interpretive Guideline
The comprehensive assessment must be updated and revised (including the administration of the OASIS) the last 5 days of every 60 days beginning with the start of care date, unless there is a beneficiary elected transfer; or significant change in condition resulting in a new case mix assessment; or discharge and return to the same HHA during the 60 day episode.	

FED - G0340 - UPDATE OF THE COMPREHENSIVE ASSESSMENT

Title UPDATE OF THE COMPREHENSIVE ASSESSMENT
CFR 484.55(d)(2)

Type Standard

Aspen Federal Regulation Set: G 10.03 HOME HEALTH AGENCIES

Regulation Definition	Interpretive Guideline
The comprehensive assessment must be updated and revised (including the administration of the OASIS) within 48 hours of the patient's return to the home from a hospital admission of 24 hours or more for any reason other than diagnostic tests.	

FED - G0341 - UPDATE OF THE COMPREHENSIVE ASSESSMENT

Title UPDATE OF THE COMPREHENSIVE ASSESSMENT

CFR 484.55(d)(3)

Type Standard

Regulation Definition	Interpretive Guideline
The comprehensive assessment must be updated and revised (including the administration of the OASIS) at discharge.	

FED - G0342 - INCORPORATION OF OASIS DATA ITEMS

Title INCORPORATION OF OASIS DATA ITEMS

CFR 484.55(e)

Type Standard

Regulation Definition	Interpretive Guideline
The OASIS data items determined by the Secretary must be incorporated into the HHA's own assessment and must include: clinical record items, demographics and patient history, living arrangements, supportive assistance, sensory status, integumentary status, respiratory status, elimination status, neuro/emotional/behavioral status, activities of daily living, medications, equipment management, emergent care, and data items collected at inpatient facility admission or discharge only.	

Aspen Federal Regulation Set: G 10.03 HOME HEALTH AGENCIES

FED - G9999 - FINAL OBSERVATIONS

Title FINAL OBSERVATIONS

CFR

Type Memo Tag

Regulation Definition

Interpretive Guideline